

Case Number:	CM13-0037021		
Date Assigned:	12/13/2013	Date of Injury:	11/03/2000
Decision Date:	02/17/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64-year-old male who reported an injury on 11/03/2000. The patient is currently diagnosed with degeneration of thoracic or lumbar intervertebral disc, mixed hyperlipidemia, depressive disorder, obstructive sleep apnea, BPH, other unspecified arthropathy of the lumbar facets, post-laminectomy syndrome, and thoracic or lumbosacral neuritis or radiculitis. The patient was seen by [REDACTED] on 10/01/2013. The patient reported sleep disturbances and persistent pain. The physical examination revealed normal findings with the exception of a depressed affect. The treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Coenzyme #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food

Decision rationale: The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician and

which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principals, are established by medical evaluation. As per the clinical notes submitted, there is no indication of a medical disease that would require coenzyme Q10. The patient is currently diagnosed with post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, obstructive sleep apnea, and depressive disorder. The medical rationale for the requested medication along with any functional improvement following continued use was not provided for review. The medical necessity has not been established. Therefore, the request is non-certified.

Fish oil: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Fish Oil, Cod Liver Oil.

Decision rationale: The Official Disability Guidelines state cod liver oil is recommended. The efficacy of cod liver oil for arthritis has been demonstrated in several clinical trials. Although the patient does maintain a diagnosis of lumbar degenerative disease, there are no high quality studies supporting the use of fish oil for lumbar degenerative changes. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Lipitor 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Statins.

Decision rationale: The Official Disability Guidelines state statins appear to be associated with an increased risk of musculoskeletal injuries, including an increased risk of dislocation, strain, and sprain. Statins are not recommended as a first-line treatment for diabetic patients. As per the clinical notes submitted, the patient does maintain a diagnosis of mixed hyperlipidemia. However, there is no evidence of this condition as related to the industrial injury. Therefore, the current request is non-certified.

Morphine ER 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Based line pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain with sleep disturbance. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.