

Case Number:	CM13-0047080		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2003
Decision Date:	03/13/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 06/08/2003. The mechanism of injury was noted to be a slip and fall. The patient's pain level was noted to be unchanged with an average pain level of 8/10 to 10/10 with medications, and 8/10 to 10/10 without medications. The patient was noted to have complaints of low back pain that radiated to bilateral lower extremities, and neck pain that radiated to bilateral upper extremities. The request was made for 1 prescription of vitamin D3 and Neurontin 600 mg. The patient's diagnoses were noted to include lumbar and cervical radiculopathy, cervical spinal stenosis, depression, anxiety, fibromyalgia, chronic pain other, and insomnia secondary to chronic pain, along with vitamin D deficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #120:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain Page(s): 60.

Decision rationale: The California MTUS Guidelines indicate that medications for chronic pain include anti-epilepsy drugs, and they are recommended as a first-line treatment for neuropathic pain. There should be documentation of objective functional improvement and a decrease in objective VAS (visual analogue scale) scores. The patient was noted to have complaints of low back pain that radiated to bilateral lower extremities, and neck pain that radiated to bilateral upper extremities. The clinical documentation submitted for review indicated the patient's average pain level was 8/10 to 10/10 with medications and 8/10 to 10/10 without medications. As the patient was noted to be on the medications since 2012, there is a lack of documentation indicating the objective functional improvement and an objective decrease in the VAS score to support ongoing usage. Given the above, the request for Neurontin 600 mg #120 is not medically necessary

Vitamin D-3 2000 units #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Official Disability Guidelines (ODG) recommend consideration of Vitamin D treatment in chronic patients, and supplementation if necessary. However, Vitamin D deficiency is not considered a workers' compensation condition. The clinical documentation submitted for review indicated the patient had insufficient serum of vitamin D of 25(OH) D levels of less than 30 ng/mL. However, as vitamin D deficiency is not considered a Workers' Compensation condition per Official Disability Guidelines, the request for 1 prescription of Vitamin D-3 2000 units #60 is not medically necessary.