

Case Number:	CM13-0050974		
Date Assigned:	12/27/2013	Date of Injury:	04/30/2007
Decision Date:	03/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine, and is licensed to practice in California. 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:

This is a 52 year-old male injured worker with date of injury 4/30/07 with related constant neck pain with radiation to the bilateral shoulders and bilateral upper extremities. Per 9/24/13 report, he reported occasional numbness in the bilateral upper extremities to the level of the hands and fingers. The neck pain is associated with bilateral temporal headaches. The patient describes the pain as a stabbing pain that is moderate in severity. The current pain is described as 6-7/10. The patient reports severe difficulty with sleep. The patient complained of constant back pain with radiation to the bilateral lower extremities to the level of foot and toes. He reported occasional numbness and tingling in the bilateral lower extremities. The patient describes pain as aching pain that is severe, 7-8/10. Pain is aggravated by standing, walking, sitting, bending, twisting, turning, and rotation. The pain is aggravated by activity and hand function. MRI of the left shoulder, 3/8/10, revealed small partial thickness tear of the distal supraspinatus tendon on the articular side. EMG/NCS, 7/9/10, revealed bilateral median carpal tunnel syndrome, moderate on left and mild on right; chronic left L5 radiculopathy. Lumbar MRI 7/30/10 revealed multilevel disc desiccation; L4-L5 and L5-S1 disc protrusions, foraminal stenosis; L2-L3, L3-L4 disc protrusion. He is refractory to injection therapy, physical therapy, and medications. The date of UR decision was 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 comprehensive metabolic panel: Overturned

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 Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: The provider states "This patient is receiving or has proposed treatments which have potential adverse metabolic or end organ effects. These treatments include long term regular use of NSAIDs, Acetaminophen, or other medications which may affect the kidneys and/or liver. Periodic administration of injectable corticosteroids may cause transient significant changes in diabetic patients." Also per 11/5/13 pain medicine re-evaluation, the injured worker has been prescribed Tizanidine. According to MTUS CPMTG p66, Tizanidine should be used with caution in renal impairment and should be avoided in hepatic impairment. I respectfully disagree with the UR physician's statement that labwork "does not appear clinically indicated at this time." To ensure the safe use of this medication, the request is medically necessary.

1 prescription of Vitamin D: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Family Nurse Practitioner Program, Recommendations for the diagnosis and management of vitamin D deficiency in adults, Austin, (TX): University of Texas at Austin, School of Nursing; 2009 May 16, p. (40 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamin D Deficiency. N Engl J Med 2007; 357:1980-1982. November 8, 2007.

Decision rationale: According to 9/24/13 pain management evaluation, Vitamin D- 25(OH) D was ordered to determine the injured worker's serum level of vitamin D. Review of the submitted medical records do not include the result of said evaluation. Without evidence of vitamin D deficiency, the request is not medically necessary.