

Case Number:	CM13-0056497		
Date Assigned:	07/18/2014	Date of Injury:	04/19/1996
Decision Date:	09/08/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 injured worker is a 61-year-old female who reported an injury on 04/19/1996. She was diagnosed with neck pain with moderate to severe degenerative disc disease, right AC arthritis, low back degenerative disc disease and radiculopathy, and right hip osteoarthritis. Her previous treatments were noted to include the use of a walker and power chair, physical therapy, traction, an epidural steroid injection, the use of a TENS unit, applications of cold and heat, and multiple topical and oral medications. A 05/27/2014 clinical note indicated that her medications included Kadian, Robaxin, Senokot, Motrin, Vicodin, Prilosec, Colace, Imitrex, and Lidoderm patches. The documentation indicated that the injured worker presented with neck and shoulder pain and reported improved symptoms with use of Kyani, a fruit based supplement, and was able to stop the use of Vicodin and Motrin. It was also noted that she uses Lidoderm when active. The treatment plan included refills of Kadian, Lidoderm 5% patches, and MiraLAX, as well as a Tempur-Pedic low profile pillow. The rationale for the request and request for authorization form were not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kyani Septem 30 oz Quantity 4: 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 Medications for chronic pain, page 60 Page(s): 60.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from medications should include evaluation of the effect of pain relief with relationship to improvements in function and increased activity. The clinical information submitted for review indicated that the patient reported relief of symptoms and decreased medication use with the use of Kyani products; however, clear documentation was not provided regarding pain relief with quantifiable VAS scores to determine efficacy of these medications/supplements. In addition, clear documentation was not submitted, indicating the therapeutic effect and included ingredients in the request. Furthermore, the request failed to indicate a frequency of use. Therefore, the request for Kyani Septem 30 oz., quantity 4 is not medically necessary and appropriate.

Sunnse 30 oz (# 90 times 3 refills) Quantity 360: 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 Medications for chronic pain, page 60 Page(s): 60.

Decision rationale: According to the California MTUS Chronic Pain Medication Treatment Guidelines, relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from medications should include evaluation of the effect of pain relief with relationship to improvements in function and increased activity. The clinical information submitted for review indicated that the patient reported relief of symptoms and decreased medication use with the use of Kyani products; however, clear documentation was not provided regarding pain relief with quantifiable VAS scores to determine efficacy of these medications/supplements. In addition, clear documentation was not submitted, indicating the therapeutic effect and included ingredients in the request. Furthermore, the request failed to indicate a frequency of use. For the reasons noted above, the request for Sunnse 30 oz., (# 90 times 3 refills) quantity 360 is not medically necessary and appropriate.

Sunsel Omega (#90 times 3 refills) Quantity 360: 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 Medications for chronic pain, page 60 Page(s): 60.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from medications should include evaluation of the effect of pain relief with relationship to improvements in function and increased activity. The clinical information submitted for review

indicated that the patient reported relief of symptoms and decreased medication use with the use of Kyani products; however, clear documentation was not provided regarding pain relief with quantifiable VAS scores to determine efficacy of these medications/supplements. In addition, clear documentation was not submitted, indicating the therapeutic effect and included ingredients in the request. Furthermore, the request failed to indicate a frequency of use. For the reasons noted above, the request for Sunsel Omega (#90 times 3 refills) quantity 360 is not medically necessary and appropriate.

Nitro FX 15 oz., three refills quantity 4: 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 Medications for chronic pain, page 60 Page(s): 60.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from medications should include evaluation of the effect of pain relief with relationship to improvements in function and increased activity. The clinical information submitted for review indicated that the patient reported relief of symptoms and decreased medication use with the use of Kyani products; however, clear documentation was not provided regarding pain relief with quantifiable VAS scores to determine efficacy of these medications/supplements. In addition, clear documentation was not submitted, indicating the therapeutic effect and included ingredients in the request. Furthermore, the request failed to indicate a frequency of use. For the reasons noted above, the request for Nitro FX 15 oz., three refills quantity 4 is not medically necessary and appropriate.

Lidoderm Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), page 56-57 Page(s): 56-57.

Decision rationale: According to the California MTUS Guidelines, Lidoderm patches are only FDA approved for the treatment of postherpetic neuralgia, and are not considered a first line treatment. The clinical information submitted for review indicated that the injured worker had tried and failed multiple medications and utilized Lidoderm patches with activity. However, the injured worker was not shown to have a diagnosis of postherpetic neuralgia, and the request failed to indicate a frequency and formulation. For these reasons, the request for Lidoderm, quantity 90 is not medically necessary and appropriate.

Prilosec Quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pages 68-69 Page(s): 68-69.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, a Proton Pump Inhibitor may be recommended for patients taking NSAID medications who have been found to be at intermediate to high risk of gastrointestinal events or for those with complaints of dyspepsia secondary to NSAID. The clinical information submitted for review indicated that the injured worker had utilized Motrin for pain and Prilosec for stomach upset. However, the clinical note indicated that she had been able to stop use of Vicodin and Motrin due to her supplements. As the injured worker was noted to have stopped the use of Motrin, the subsequent use of Prilosec is not supported. In addition, the request failed to provide a frequency and quantity. For the reasons noted above, the request for Prilosec (quantity unspecified) is not medically necessary and appropriate.