MAXIMUS Federal Services

Case Number:	CM13-0064636		
Date Assigned:	01/03/2014	Date of Injury:	01/08/2012
Decision Date:	05/16/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational 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 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 patient is an employee of [redacted] and has submitted a claim for low back pain with bilateral radiculopathy, bilateral wrist pain, and bilateral hand numbness associated with an industrial injury date of 01/08/2012. Treatment to date has included lumbar epidural steroid injections x 3, chiropractic care, physical therapy, acupuncture, aqua therapy, and medications including Ultracet, Relafen, Robaxin, Tylenol, Norco and Toprophan. A utilization review from 11/21/2013 denied the requests for Toprophan, Qty 1 because this supplement is not recommended as showing any meaningful benefits in the treatment of chronic pain; and hydrocodone 10/325mg, Qty 1 because the medical necessity for this narcotic was not established. Medical records from 2012 to 2013 were reviewed showing that patient has been complaining of chronic low back pain graded 3/10 described as sharp in nature. Pain was aggravated by standing, sitting, crouching, squatting, and repetitive twisting. She also complained of sleep disturbance. Physical examination showed tenderness at paralumbar muscles. There was slight increase in lumbar lordosis. Range of motion of lumbar spine showed limitation towards flexion at 20 degrees, extension at 5 degrees, lateral bending at 20 degrees bilaterally with presence of pain at end-range. Motor strength was 5/5 at all extremities. Straight leg raising was positive, bilaterally. Sensation was decreased at S1 dermatome, bilaterally. MRI of lumbar spine, dated 05/17/2012, revealed 4mm disc protrusion at L5-S1, associated with annular fissure and no evidence of stenosis, mild facet arthropathy at this level, slight bulging of the annulus of the L4-L5 disc, no evidence of herniation. Current medications include hydrocodone and Toprophan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toprophan QTY: 1.00: Upheld

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

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, Medical Foods

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Medical food was used instead. The Official Disability Guidelines state that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Medical foods must be used under medical supervision. 5-hydroxytryptophan has been found to be possibly effective in treatment of anxiety and sleep disorders. In this case, the patient was noted to have sleep disturbance making this a prescribed medication since 11/06/13. However, Toprophan also contains melatonin, valerian, chamomile, niacin, inositol and Vitamin B6 aside from tryptophan based on online resources. The submitted records do not include laboratory values indicating low niacin or Vitamin B6 levels or any evidence suggesting that she has nutritional requirement necessitating this medication. Moreover, valerian and chamomile are not classified as drugs. This product contains several components that cannot be recommended for the treatment of any condition. Therefore, the request for Toprophan, Qty 1 is not medically necessary.

Hydrocodone 10/325mg QTY:1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated on page 78 of MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: Analgesia (pain relief), Adverse effects, Activities of Daily Living (physical and psychosocial functioning daily living) and Aberrant drug-taking behaviors (the occurrence of any potentially aberrant drug-related behaviors). In this case, the earliest documentation stating the use of Hydrocodone was written on 03/14/2013. Medical records submitted for review did not show that there was significant improvement in pain and activities of daily living linked with the use of this medication. A progress report written on 11/16/2013 stated that there was no change in her symptoms and functional activities. The documents did not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects associated with Hydrocodone, that Hydrocodone was prescribed by only one physician, that the patient was prescribed the lowest dose possible, and that the patient was

taking the medication as prescribed. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone 10/325mg, Qty 1 is not medically necessary.