

Case Number:	CM14-0001688		
Date Assigned:	01/22/2014	Date of Injury:	01/26/1998
Decision Date:	08/05/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/06/2014

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 Family Practice, 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:

This 59 yr. old female claimant sustained a work related injury on 4/24/55 involving the low back, left elbow and wrists. She has a diagnosis of Lumbar Radiculopathy with disc degeneration, lumbar facet arthropathy, lumbar spinal stenosis, carpal tunnel syndrome, and Vitamin D-Deficiency. A progress note on from 11/21/13 indicated she had decreased sensation in the L-S1 dermatome, lumbar myofascial tenderness, decreased sensation in the lower extremities and a positive straight leg raise. The pain level is 7/10 with medications and 9/10 without. The claimant was given Hydrocodone 10/325 # 120, Xotex pain relief lotion, Tizanidine # 90, Gabapentin, and Vitamin D supplementation. In addition, she was offered an epidural steroid injection. She had been on the above medications for at least 5 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI BILATERAL L4-S1 INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, these are optional to avoid surgery. They are not recommended. Invasive techniques such as injections are of questionable merit and may provide short-term benefit. Based on the above guidelines, the Lumbar ESI is not medically necessary.

HYDROCODONE/ ACETAMINOPHEN 10/325MG QID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on hydrocodone for several months without significant improvement in pain scale . The continued use of Hydrocodone is not medically necessary.

XOTEN LOTION 6.25-12.5% #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS Page(s): 105,112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Xoten contains 20 % methyl salicylate, 10% menthol and .002% capsaicin. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the guidelines, the use of topical analgesics such as Xoten are not medically necessary for the claimant's diagnoses.

TIZANIDINE HCL 4MG TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, muscle relaxants such as Tizanidine are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle

tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the guidelines and prolonged use of Tizanidine, it is not medically necessary.

VITAMIN D 2000 UNIT BID: Upheld

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

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

Decision rationale: The MTUS and ACOEM guidelines do not comment on Vitamin D. According to the Official Disability Guidelines, Vitamin D is recommend in chronic pain patients and supplementation if necessary. Under study as an isolated pain treatment, and vitamin D deficiency is not a considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. In this case, there are no recent Vitamin D levels to demonstrate there is still a deficiency. The symptoms may be due to the claimant's inactivity as well. The Vitamin D is not medically necessary.