

Case Number:	CM14-0001702		
Date Assigned:	01/22/2014	Date of Injury:	05/19/2010
Decision Date:	08/15/2014	UR Denial Date:	12/30/2013
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 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 applicant is a represented [REDACTED] officer who has filed a claim for chronic neck and low back pain reportedly associated with an industrial motor vehicle accident (MVA) of May 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; cervical epidural steroid injection therapy; opioid therapy; topical compounds; and dietary supplements. In a Utilization Review Report dated December 30, 2013, the claims administrator approved a request for Voltaren and a followup office visit while denying Cidaflex, Medrox, Dexilant, serrapeptase, Skelaxin, Kava-Kava, TG-Hot ointment, and injectable Imitrex. The applicant's attorney subsequently appealed. In a progress note dated December 19, 2013, the applicant was asked to continue Dexilant, Voltaren, Cidaflex, Medrox, serrapeptase, some sort of dietary supplement, Skelaxin, Kava-Kava, TG-Hot, and Imitrex while remaining off of work, on total temporary disability. The applicant presented with complaints of low back and neck pain with associated complaints of headaches. Pain ranging from 3-7/10 was noted, reportedly ameliorated by headaches. The applicant stated that Imitrex had ameliorated migraine headaches, reportedly occurring more frequently than in the past. The applicant stated that injectable Imitrex was helping for migraine headaches much more than previous medications. The applicant's stated diagnoses included chronic neck pain, chronic low back pain, neuropathic pain, and tension headaches. There was no mention of issues associated with reflux, heartburn, or dyspepsia. On October 31, 2013, the applicant was again placed off of work and asked to continue Dexilant, Voltaren, Cidaflex, Medrox, serrapeptase, Skelaxin, Kava-Kava, TG-Hot, and injectable Imitrex. The applicant was again placed off of work, on total temporary disability. In a progress note dated September 19, 2013, the applicant was described as having issues with reflux and dyspepsia. The attending provider posited that Dexilant was more

effective in ameliorating the same than Prilosec, the proton pump inhibitor which the applicant formerly used.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIDAFLEX QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine topic Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Guidelines, Glucosamine or Cidaflex is indicated in the treatment of pain associated with arthritis and, in particular, knee arthritis. In this case, however, the applicant's pain complaints are referable to the neck, head, and low back. There is no mention of issues with arthritis of the knee for which ongoing usage of Cidaflex (glucosamine) would be indicated. Therefore, the request is not medically necessary.

MEDROX PATCH QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Voltaren and Skelaxin, taken together, effectively obviate the need for what page 111 of the MTUS Chronic Pain Guidelines deems largely experimental topical agents such as Medrox. No rationale for the selection and/or ongoing usage of Medrox was provided so as to offset the unfavorable MTUS Guidelines' recommendations. Therefore, the request is not medically necessary.

DEXILANTE 60 MG QTY: 30.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Guidelines, proton pump inhibitors such as Dexilant are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is apparently reporting issues with dyspepsia and/or reflux, either NSAID-induced or stand-alone. Ongoing usage of Dexilant has been effective in combating the same, the attending provider has posited. Therefore, the request is medically necessary.

SERRAPEPTASE (ENZYME) 500MG QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Vitamins section.

Decision rationale: The MTUS does not address the topic of dietary supplements or vitamins such as serrapeptase. However, the ACOEM Guidelines note that vitamins such as serrapeptase are not recommended in the treatment of chronic pain in the absence of specific nutritive deficits. In this case, the applicant has no clearly documented nutritional deficits or deficiencies. Therefore, the request is not medically necessary.

SKELAXIN 800 MG QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone topic Page(s): 61.

Decision rationale: As noted on page 61 of the MTUS Chronic Pain Guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in applicants with chronic low back pain. In this case, the attending provider is apparently employing Skelaxin for chronic, long-term, and/or scheduled use purposes. This is not indicated, appropriate, or supported by MTUS Guidelines. Therefore, the request is not medically necessary.

KAVA KAVA QTY: 30.00: 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), TREATMENT INDEX, 9TH EDITION, (WEB), 2011, CHRONIC PAIN MEDICAL FOOD.US NATIONAL INSTITUTES OF HEALTH (NIH), NATIONAL LIBRARY OF MEDICINE (NLM) PUBMED, 2010, [HTTP://WWW.NCBI.NIM.NIH.GOV/PUBMED](http://www.ncbi.nlm.nih.gov/pubmed).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Alternative Treatments section.

Decision rationale: The MTUS does not address the topic of dietary supplements or vitamins such as serrapeptase. However, the ACOEM Guidelines note that vitamins such as serrapeptase are not recommended in the treatment of chronic pain in the absence of specific nutritive deficits. In this case, the applicant has no clearly documented nutritional deficits or deficiencies. Therefore, the request is not medically necessary.

TGHOT OINTMENT QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111,112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including oral Voltaren, effectively obviates the need for what page 111 of the MTUS Chronic Pain Guidelines deems largely experimental topical agents such as the TG-Hot ointment in question. Therefore, the request is not medically necessary.

IMITREX INJECTABLE 6 MG QTY: 6.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.Com/Imitrex, and on the Official Disability Guidelines (ODG) - Treatment in Workers Comp 2012 on the web, (www.odgtreatment.com), triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Imitrex Medication Guide.

Decision rationale: As noted by the Food and Drug Administration (FDA), injectable Imitrex or Sumavel is indicated in the acute treatment of migraine attacks. In this case, the attending provider has posited that the applicant has intermittent flares of migraine headaches from time to time which have been effectively ameliorated with injectable Imitrex. Therefore, the request is medically necessary.