

Case Number:	CM14-0002652		
Date Assigned:	01/29/2014	Date of Injury:	08/23/1999
Decision Date:	06/19/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 patient is an employee of [REDACTED] and has submitted a claim for lumbago, lumbar postlaminectomy syndrome, and radiculitis associated with an industrial injury date of August 23, 1999. Treatment to date has included three lumbar surgeries, the most recent on November 1, 2005; use of a TENS (transcutaneous electrical nerve stimulation) unit, lumbar epidural steroid injections, physical therapy, aquatic therapy, and medications such as Norco, Elavil, Klonopin, trazodone, Flector patch, Robaxin, baclofen, pravachol, calcium, and Vitamin D. Medical records from 2013 were reviewed showing that patient complained of back pain radiating to the left lower extremity, graded 7/10 in severity; and aggravated by sitting position. Patient likewise complained of right hip pain and shoulder pain. This resulted to difficulty walking, reaching overhead, doing housework, and climbing stairs. Physical examination showed tenderness at T11-L2, right hip bursa, and LS junction. There was atrophy of the right gluteus. Muscles spasms were noted. Motor strength of left quadriceps was 2+/5, 3-/5 for left ankle dorsiflexors, and 2/5 for left plantarflexors; while right lower extremity muscle groups were graded 4/5. Patient ambulated using a cane; with noted footdrop at left. Sensation was decreased at L5 and S1 dermatomes, left; and L5 dermatome, right. Utilization review from January 2, 2014 denied the requests for Robaxin 500mg, Flector patch, 2 patches; Pravachol 20mg; Calcium 500mg; and Vitamin D 2000 units. Reasons for the denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ROBAXIN 500MG, 1 BY MOUTH 4 TIMES A DAY, #120:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , §§9792.20 - 9792.26, 64, 65.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, methocarbamol (Robaxin) is used to decrease muscle spasm in conditions such as low back pain. Its mechanism of action is related to central nervous system depressant effects. In this case, patient has been prescribed with Robaxin as early as January 2013 as adjuvant therapy to baclofen. A note, dated October 9, 2013, cited that Robaxin was not as effective as baclofen, but it helped her during the day to decrease spasms without sedation. The most recent progress reports still show presence of muscle spasm at the lumbar area. The medical necessity has been established. The request for Robaxin 500mg, 120 count, is not medically necessary or appropriate.

PRESCRIPTION OF FLECTOR PATCH, #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , pages 111-112, as well as the Non-MTUS resource, the FDA.

Decision rationale: The Chronic Pain Medical Treatment Guideline state that topical NSAIDs (non-steroidal anti-inflammatory drugs), such as diclofenac (Flector patch), have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. Patient has been on this medication since January 2013, as adjuvant treatment due to multiple oral medications. However, medical records submitted and reviewed do not indicate relief of pain or functional benefits derived from its use. Furthermore, there is no discussion regarding its indication for chronic use, which is not recommended by the guidelines. The medical necessity has not been established at this time. Therefore, the request for Flector patch, two count, is not medically necessary or appropriate.

PRESCRIPTION OF PRAVACHOL 20MG, 1 BY MOUTH EVERY DAY, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, STAIN PREPARATION,

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Adult Treatment Panel (ATP) III, endorsed by the National Institutes of Health, was used instead. It states that lipid panel should be checked at baseline, 6-8 weeks after starting or adjusting the medication/dose, and then every four to six months. The liver function tests should likewise be monitored for adverse affects, as well as, creatine kinase if the patient reports muscle soreness, tenderness, or pain. In this case, patient has been on pravastatin (Pravachol) since January 2013. However, medical records submitted and reviewed do not include monitoring of lipid profile, which may necessitate adjustment of statin dosage. Likewise, there is no monitoring of possible side effects, especially to the liver, associated with its chronic use. The medical necessity has not been established. The request for Pravachol 20mg, thirty count, is medically necessary and appropriate.

PRESCRIPTION OF CALCIUM 500MG, 1 BY THE MOUTH THREE TIMES A DAY, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MINERAL SUPPLEMENT.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Postmenopausal Osteoporosis 2010 was used instead. It states that adequate calcium intake is a fundamental aspect of any osteoporosis prevention or treatment program and a lifestyle issue for healthy bones, especially for women 50 years or older. The recommended daily calcium intake is 1,200 mg. For optimal absorption, the amount of calcium should not exceed 500 to 600 mg per dose, irrespective of the calcium preparation. Calcium supplementation has been shown to increase bone mass density slightly. In this case, the patient is a 63-year-old with a diagnosed case of osteopenia through bone densitometer since 2003. Patient has been prescribed with calcium supplementation as early as January 2013. Given the patient's characteristics, the medical necessity for calcium supplementation has been established. The request for calcium 500mg, ninety count, is medically necessary and appropriate.

PRESCRIPTION OF VITAMIN D 2000 UNITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, VITAMIN SUPPLEMENT,

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Postmenopausal Osteoporosis 2010 was used instead. It states that for adults 50 years old or older, many experts recommend 1,000 - 2,000 IU per day. Home-bound individuals with limited mobility are particularly at risk for vitamin D deficiency. In this case, patient is a 63-year-old, female, with a diagnosed case of osteopenia through bone densitometer since 2003. Patient has been prescribed with vitamin D supplementation as early as January 2013. Given the patient's characteristics, the medical necessity for vitamin D supplementation has been established. However, the present request does not specify the quantity of medication to be dispensed. The request for Vitamin D, 2000 units is not medically necessary or appropriate.