

Case Number:	CM14-0106189		
Date Assigned:	09/12/2014	Date of Injury:	08/29/1989
Decision Date:	10/20/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year old male was reportedly injured on August 29, 1989. The most recent progress note dated July 31, 2014 indicated that there were ongoing complaints of insomnia and anxiety. The physical examination demonstrated a morbidly obese individual with an appropriate but frustrated affect. Diagnostic imaging studies were not included for review. Previous treatment included multiple medications. Requests have been made for L-Methylfolate calcium 15 mg (# 30, with two refills), a gym membership, Ambien CR 12.5 mg (unspecified quantity), Valium 10 mg (unspecified quantity) and Deplin 15 mg (unspecified quantity) and were not certified in the preauthorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-Methylfolate calcium 15mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD, Folic Acid

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain; Clinical Measures; Medications; Vitamins (electronically cited)

Decision rationale: ACOEM practice guidelines do not address this request specifically; however, the guidelines do recommend against the use of dietary supplements in the treatment of chronic pain. Most supplements have not been shown to produce any meaningful benefits or improvement in functional outcomes. L-Methylfolate calcium is a prescription dietary supplement specifically formulated for the dietary management of patients with unique nutritional needs requiring increased folate levels. Based on the clinical documentation provided, there does not appear to be a diagnosis that would warrant increased folate levels. As such, this request is not medically necessary.

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC: ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - (updated 07/03/14).

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has been found to not be effective and there is need for specific gym equipment. Additionally, such a program needs to be administered, attended, and monitored by medical professionals. As there is no documentation in the attached medical record addressing these issues, this request for a gym membership is not medically necessary.

Ambien CR 12.5mg unspecified quantity: 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), Ambien (Chronic pain)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 10/06/14).

Decision rationale: Ambien (Zolpidem) is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. Therefore, the request for an unspecified quantity of Ambien is not medically necessary.

Valium 10mg unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Valium).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS guidelines do not support benzodiazepines (Valium) for long term use because long term efficacy is unproven and there is a risk of psychological and physical dependence and/or addiction. Because tolerance to the hypnotic effects of benzodiazepines develops rapidly, most guidelines limit use to four weeks. Furthermore, tolerance to the anxiolytic effects occurs within months and long term use may actually increase anxiety. The request is not medically necessary.

Deplin 15mg unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain; Clinical Measures; Medications; Vitamins (electronically cited).

Decision rationale: ACOEM practice guidelines do not address this request specifically, however, the guidelines recommend against the use of dietary supplements in the treatment of chronic pain. Most supplements have not been shown to produce any meaningful benefits or improvement in functional outcomes. Deplin, or levomefolate calcium, is a folic acid supplement used to treat or prevent low folate levels, which can lead to certain types of anemia. The clinician fails to document any conditions or diagnoses that would warrant use of this medical food. Therefore, this request is not medically necessary.