

Case Number:	CM14-0011143		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2007
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/27/2014

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 a 52-year-old female who has filed a claim for lumbar sprain associated with an industrial injury date of August 01, 2007. Review of progress notes indicates that the patient is experiencing headaches, easy fatigability, and right-sided body pain with joint pain in multiple regions of the body. Patient also has right-sided neck pain radiating down to the right arm and to the hand, and low back pain radiating down the right leg. The patient has not been eating well. Treatment to date has included NSAIDs (non-steroidal anti-inflammatory drugs), opioids, Cidaflex, Imitrex, Medrox patches, Flurflex ointment, TGHot ointment, prednisone, and kava kava. Utilization review from December 31, 2013 denied the request for prednisone 5mg as it is not recommended for chronic pain; vitamin D3 5000 units as there is no documentation that the patient has insufficient Vitamin D levels; 5-HTP 100mg #30 and Kava Kava #30 as patient has not been diagnosed with any psychological or sleep disorders; and capsaicin/baclofen/ketoprofen ointment as this preparation is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PREDNISONE 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Oral corticosteroids.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain. Given their serious adverse effects, they should be avoided. Patient started taking this medication around mid-December 2013. Progress note from January 2014 reports that the medication made the patient feel worse. This medication is not recommended for this patient's condition, and there is documentation of intolerance to this medication. The request for one prescription of Prednisone 5mg, thirty count, is not medically necessary or appropriate.

1 PRESCRIPTION OF VITAMIN D3 5000 UNITS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Vitamin D (cholecalciferol).

Decision rationale: The CA MTUS does not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to ODG, vitamin D is recommended in chronic pain patients and supplementation if necessary. Inadequate vitamin D may be associated with chronic pain and fibromyalgia type symptoms. It is a safe well-tolerated approach to improve muscle strength and function. In this case, there is no documentation regarding low vitamin D levels that may be associated with this patient's pain symptoms. There is no clear indication as to the necessity of this request. The request for one prescription of vitamin D3 5000 units, thirty count, is not medically necessary or appropriate.

1 PRESCRIPTION OF 5-HTP 100MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 food

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, 5-hydroxytryptophan is possibly

effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. It has been found to be effective for depression. It should be used with caution in individuals using SSRIs. In this case, the patient has not been diagnosed with depression or anxiety, and does not present with sleep disorders or findings consistent with fibromyalgia. The request for one prescription of 5-HTP 100mg, thirty count, is not medically necessary or appropriate.

1 PRESCRIPTION OF KAVA KAVA #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Mental Illness & Stress: National Guideline Clearinghouse <http://www.guideline.gov/content.aspx?id=47588&search=kava+extract>

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, National Guideline Clearinghouse was used instead. According to the guidelines, kava extract is used for anxiety. The aqueous kava preparation produced significant anxiolytic and antidepressant activity. Patient has been on this supplement since November 2013. Documentation notes that kava kava gives the patient pain relief. However, the patient does not present with symptoms of anxiety to support the continued use of this medication. The request for one prescription of kava kava, thirty count, is not medically necessary or appropriate.

1 PRESCRIPTION OF CAPSAICIN/BACLOFEN/KETOPROFEN OINTMENT 240MG: 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 , TOPICAL MEDICATIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28,111-113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, the Chronic Pain Medical Treatment Guidelines states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. Baclofen is not recommended for topical use. There is no documentation regarding failure of or intolerance to first-line pain medications. There is no discussion concerning the need for variance from the guidelines. The request for one prescription of Capsaicin/Baclofen/Ketoprofen ointment 240mg is not medically necessary or appropriate.

