MAXIMUS Federal Services

Case Number:	CM14-0110689		
Date Assigned:	08/01/2014	Date of Injury:	10/01/2007
Decision Date:	10/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old male, who reported a date of injury of 10/01/2007. The mechanism of injury was reported as a motor vehicle accident. The injured worker had diagnoses of failed cervical spine surgery syndrome, cervical radiculopathy, cervical facet osteoarthritis, cervical degenerative disc disease, status post T11-12 fusion, thoracic radiculopathy, thoracic facet osteoarthritis, lumbar radiculopathy, lumbar osteoarthritis, and lumbar degenerative disc disease. Prior treatments included the use of a brace, heat, ice, rest, and physical therapy. The injured worker had MRIs of the lumbar spine and CTs of unknown dates and reports. Surgeries included a posterior L4 laminotomy and decompression on 06/12/2009, and global anterior and posterior lumbar fusion in 02/2011. The injured worker had complaints of pain in the right side of the neck and shoulder down to the right leg, the left foot and reported headaches, which were sometimes a migraine with light sensitivity and nausea. The clinical note dated 06/05/2014 noted that the injured worker had hypoesthesia of the right posterolateral and anterior thigh, bilateral feet and toes, right arm dysesthesias and hypoesthesia. The injured worker's deep tendon reflexes were 1 bilaterally; there was tenderness to palpation of the cervical spine, and tightness across the posterior trapezius and interscapular regions. The injured worker had tenderness to palpation of the thoracic spine with tightness in thoracolumbar area, diffuse trigger points and, tenderness to palpation of the lumbar region. There was tightness across the injured worker's lumbosacral area with a positive straight leg raise bilaterally, and a mild positive Patrick's test bilaterally. Range of motion was restricted by 50% in all planes. Medications included gabapentin, daily vitamins, lorazepam, methadone, oxycodone, and Effexor. The treatment plan included the physician's recommendation for the injured worker to continue his medication and to continue awaiting a CT of the head and back.

The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg, count 30, refill 3.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 24, 77.

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long term use. Long term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use of benzodiazepines to 4 weeks. Benzodiazepines are the treatment of choice in very few conditions, and tolerance to hypnotic effects develops rapidly. A more appropriate treatment for anxiety disorder is an antidepressant. There is a lack of documentation indicating that the injured worker has an anxiety disorder to warrant use of benzodiazepines, for which the guidelines indicate use. Furthermore, the guidelines indicate limited use of benzodiazepines up to 4 weeks. However, the request is for a count of 30 with 3 refills. This would exceed the recommended guidelines of up to 4 weeks. Additionally, the request as submitted did not specify a frequency of medication use. As such, the request is not medically necessary.

Daily vitamins, count 30, refill 3.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Pain-Vitamin B.

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state vitamin B is not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Vitamin D is also not recommended for the treatment of chronic pain based on recent research. Although it is under study as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally 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. Vitamin K is also not

recommended for the treatment of chronic pain. It is under study for osteoarthritis. The study concluded that low dietary vitamin K intake is a risk factor for knee osteoarthritis, and that vitamin K may have a protective role against knee osteoarthritis and might lead to a disease modifying treatment. But, this study concluded that there was no overall effect of vitamin K on radiographic hand osteoarthritis. There is a lack of documentation indicating that the injured worker has peripheral neuropathy, a vitamin D deficiency, a vitamin K deficiency, or osteoarthritis to warrant its use. Furthermore, these vitamins are not recommended by the guidelines for the use of chronic pain. Additionally, the request as submitted did not specify a dose of the medications use. As such, the request is not medically necessary.