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| Case Number: | CM14-0172088 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 02/28/2002 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 62 year old male with date of injury of 2/28/2002. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the cervical spine. Subjective complaints include continued pain and spasms in the neck with some relief with medications. Objective findings include tenderness to palpation of the cervical spine with limited range of motion. Treatment has included Vicoprofen, Ibuprofen, Topomax, Zoloft, and Lidoderm patches. The utilization review dated 10/9/2014 non-certified complete blood count, metabolic panel, Vitamin D and B12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective CBC with Differential.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal

function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established."The treating physician does not indicate what symptomatic changes, physical findings, or medication changes have occurred to necessitate a CBC. As such, the request for Complete Blood Count is not medically necessary.

Retrospective Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS references complete comprehensive metabolic panel (chemistry profile) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established."The treating physician does not indicate what symptomatic changes, physical findings, or medication changes have occurred to necessitate a comprehensive metabolic panel. As such, the request for comprehensive metabolic panel is not medically necessary.

Retrospective Vitamin D (25 Hydroxy): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

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

Decision rationale: California MTUS/ACOEM Guidelines do not specifically address Vitamin D. ODG states: "Not recommended for the treatment of chronic pain based on recent research below. 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."There is no medical documentation laying out the reasoning for prescribing the employee Vitamin D. Therefore, the request for Vitamin D is not medically necessary.

Retrospective Vitamin B12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

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

Decision rationale: California MTUS/ACOEM Guidelines do not specifically address Vitamin B12. ODG states the following: "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. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine." There is no medical documentation laying out the reasoning for prescribing the employee Vitamin B12. Therefore, the request for Vitamin B12 is not medically necessary.