

Case Number:	CM14-0023939		
Date Assigned:	06/11/2014	Date of Injury:	10/28/2012
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 40-year-old female who reported an injury on 10/28/2012 due to cumulative trauma. The clinical note dated 05/19/2014 noted the injured worker presented with neck pain radiating down the bilateral upper extremities, low back pain radiating down the bilateral lower extremities, upper extremity pain bilaterally in the shoulders and the wrists, lower extremity pain bilaterally in the hips in the knees and in the feet, groin pain, ongoing headaches, and pelvic pain. Upon examination of the cervical spine there was a spasm noted, tenderness over the cervical spine at C5 to C7, the range of motion limited due to pain, pain increased with flexion, extension, and rotation. The lumbar examination noted a spasm in the paraspinal musculature, range of motion was moderately to severely limited, pain was significantly increased with flexion and extension, sensory exam shows decreased sensitivity to both lower extremities, straight leg raise in a seated position was positive to the right. Prior treatment included a home exercise program, laboratory studies, urine drug testing, and medications. Diagnoses were cervical radiculitis, lumbar radiculitis, chronic pain syndrome, chronic pain trauma, and uterine fibroid, vaginal bleeding since accident. The provider recommended MS Contin CR 30 mg, Tylenol No. 4, vitamin D 2000 units, gabapentin 600 mg, and cyclobenzaprine 10 mg. The provider's rationale was to increase the injured worker's activities of daily living and pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN CR 30MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for MS Contin CR 30 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reports that the use of opioid pain medication is helpful, time until pain relief is approximately 1 hour, pain relief from each medication dose lasts for 3 hours, and the least reported pain since the last assessment was 8 on a scale of 1 to 10. Functional improvement as a result of the therapy included bathing, brushing teeth, climbing stairs, combing and washing hair, dressing, and sitting. There is a lack of evidence of an evaluation of risk for aberrant drug abuse behavior to support continued use. The frequency of the medication was not provided in the request. As such, the request is not medically necessary.

TYLENOL NO. 4 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria for use Page(s): 78.

Decision rationale: The request for Tylenol No. 4 with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reports that the use of opioid pain medication is helpful, time until pain relief is approximately 1 hour, pain relief from each medication dose lasts for 3 hours, and the least reported pain since the last assessment was 8 on a scale of 1 to 10. Functional improvement as a result of the therapy included bathing, brushing teeth, climbing stairs, combing and washing hair, dressing, and sitting. There is a lack of evidence of an evaluation of risk for aberrant drug abuse behavior to support continued use. The frequency of the medication was not provided. As such, the request is not medically necessary.

VITAMIN D 2000 UNITS #60: 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, Vitamin D.

Decision rationale: The request for vitamin D 2000 units with a quantity of 60 is not medically necessary. The Official Disability Guidelines recommend consideration for vitamin D for chronic pain injured workers and supplementation if necessary. Under this study of an isolated pain treatment, a vitamin D deficiency is not 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 compounding factors. Adjusting for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low vitamin D levels. Physicians who care of injured workers with chronic, diffuse pain that seems musculoskeletal and involves many areas of tenderness to palpation should consider checking vitamin D level. There is lack of evidence of significant vitamin D deficiencies in the injured worker. The medical documents lacked evidence of the efficacy of the medication. The frequency of the medication was not provided in the request. As such, the request is not medically necessary.

GABAPENTIN600MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for gabapentin 600 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of gabapentin is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effective pain relief in relationship to improvement in function and increased activity. The guidelines note gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation notes that the request is for an increase of gabapentin. However, the efficacy of the current medication treatment is not documented. There was a lack of evidence of significant objective functional improvement and pain reduction that would show the efficacy of the medication. The frequency of the medication was not provided in the request. As such, the request is not medically necessary.

CYCLOBENZAPRINE 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for cyclobenzaprine 10 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of

treatment, suggesting that shorter courses may be better. It appears that this is a continuing medication for the injured worker. The request for additional use of the medication would exceed guideline recommendations. The efficacy of the medication was not provided. Cyclobenzaprine with a quantity of 90 exceeds the guideline recommendation of short-term therapy. The frequency of the medication was not provided in the request. As such, the request is not medically necessary.