

Case Number:	CM14-0064793		
Date Assigned:	07/11/2014	Date of Injury:	04/28/2006
Decision Date:	10/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female with a reported date of injury on 04/28/2006. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical radiculitis, lumbar radiculitis, headaches, myositis/myalgia, vitamin D deficiency, fibromyalgia, chronic regional pain syndrome to the right upper extremity and right right lower extremity. Her previous treatments were noted to include spinal cord stimulator, acupuncture, and medications. The progress note dated 04/08/2014 revealed complaints of neck pain that radiated down the bilateral upper extremities, low back pain that radiated down the bilateral lower extremities, and the upper extremity pain bilaterally in the hands and wrists. The injured worker rated her pain as 4/10 to 6/10 in intensity with medications and 7/10 to 8/10 in intensity without medications. The injured worker reported her pain had worsened since her last visit. The injured worker reported limitations with activities of daily living in regards to self care and hygiene, activity, ambulation, hand function, and sleep. The physical examination of the lumbar spine revealed limited range of motion secondary to pain. The upper extremity examination revealed tenderness to the bilateral hands and range of motion decreased due to pain. The sensory examination showed a decrease to touch and sensation in the bilateral extremities. The motor examination showed decreased strength of the extensor muscles in the bilateral upper extremities and atrophy noted in the bilateral hands with allodynia on the right hand/wrist. Her medication regimen was noted to include Restone 3 to 100 mg 1 at bed time for insomnia, vitamin D 2000 iu 2 tablets daily, tizanidine 4 mg #30 1 by mouth twice a day for spasms, Cymbalta 30 mg 1 twice daily, EnovaRX-Ibuprofen 10% kit to use as directed, Lidoderm 5% patch apply to area 12 hours on 12 hours off, Lyrica 75 mg 1 tablet 3 times a day, and Relpax 20 mg 1 tablet once a day. The Request for Authorization form was not submitted

within the medical records. The request was for vitamin D 2000 iu #100 for insufficient serum 25, tizanidine 4 mg #120 for muscle spasm/musculoskeletal pain, EnovaRX-Ibuprofen 10% kit #1 (however, the provider's rationale was not submitted within the medical records), and Restone 3 to 100 mg #60 for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

VitaminD 2000 IU #100: 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) - Treatment for Workers' compensation, Online Edition, Chapter: Pain, Vitamin D (cholecalciferol)

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 (cholecalciferol).

Decision rationale: The request for VitaminD 2000 IU #100 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The Official Disability Guidelines do not recommend vitamin D 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 D 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. Adjustment for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low vitamin D levels. Inadequate vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal, and involves many areas of tenderness to palpation, should consider checking vitamin D level. For example, many patients who have been labeled with fibromyalgia may be suffering from symptomatic vitamin D inadequacy. There is a lack of documentation regarding lab work to show the vitamin D deficiency to warrant a vitamin D supplement. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary,

Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Non-sedating muscle rel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Tizanidine 4mg #120 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic

Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The injured worker has been utilizing this medication since at least 02/2014 and the guidelines recommend short term utilization of this medication. There is a lack of documentation showing muscle spasms to warrant a muscle relaxant. There is a lack of documentation regarding efficacy and improvement functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Enovarx-Ibuprofen 10 percent kit #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs, Page(s): 111, 112.

Decision rationale: The request for Enovarx-Ibuprofen 10 percent kit #1 is not medically necessary. The injured worker complained of neck, low back, upper extremity, and lower extremity pain. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The guidelines indications for topical NSAIDs are osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain, as there is no evidence to support the use. There is a lack of documentation regarding a diagnosis of osteoarthritis or tendonitis to warrant topical NSAIDs. The guidelines recommend short term use (4 to 12 weeks) and there is a lack of documentation regarding the length of treatment with topical NSAIDs. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Restone 3-100mg #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, Medical Food.

Decision rationale: The request for Restone 3-100mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. Restone consists of melatonin and l tryptophan. The Official Disability Guidelines do not recommend medical food for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as "a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The guidelines state that 5 hydroxytryptophan has been found to be possibly effective in the treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. It has been found to be effective for depression. The guidelines state melatonin has been recommended, although there is also experimental and clinical data supporting an analgesic role of melatonin. In published studies, melatonin shows potential analgesic effects in a dose dependence manner, and melatonin has been shown to have analgesic benefits in patients with chronic pain. Although, the repeated administration improved sleep, and thereby, may reduce anxiety, which leads to lower levels of pain. The injured worker has indicated problems with sleep and has been educated by the physician in regards to sleep hygiene and cognitive behavioral strategies have been emphasized with the goal of discontinuing medicinal sleep agents as early as possible. There is a lack of documentation regarding sleep duration and quality with the utilization of this medication. Additionally, the request failed to provide the frequency for which this medication is to be utilized. Therefore, the request is not medically necessary.