MAXIMUS Federal Services

Case Number:	CM14-0089625		
Date Assigned:	07/23/2014	Date of Injury:	01/24/2010
Decision Date:	09/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 56 year old female with a date of injury on 1/24/2010. Diagnoses include cervicalgia, chronic pain syndrome, dysthymic disorder, lumbosacral neuritis, and insomnia. Subjective complaints are of left arm and left hip pain. Objective exam shows x-rays were taken of the pelvis that demonstrated degenerative disc disease and degenerative joint disease, arthritic changes of the symphysis pubis, and spurs from the greater trochanter. Medications include Nucynta, trazodone, and medical foods. Pain is rated as 9/10 without medications and 7/10 with medication, and has increased level of function. It was documented that due to Nucynta being non-certified, Norco was being prescribed as a substitute. A urine drug screening was performed on 4/22/2014 and 6/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Sentra AM Quantity 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) MEDICAL FOODS.

Decision rationale: Sentra AM is a blend of choline, glutamate, cocoa powder, acetyl-l carnitine and other extracts. The ODG states that there is no known medical need for choline supplementation. For glutamate, the ODG states that its treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. Therefore, the use of this medication is not consistent with guideline recommendations or the patient's diagnoses, and the medical necessity is not established.

One Vitamin B12 Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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.

Decision rationale: The ODG states that Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. For this patient, there is no evidence of peripheral neuropathy, and no rationale documented for the use of a vitamin B 12 injection. Furthermore, there is no documentation of a history of B12 deficiency or malabsorption. Therefore, the medical necessity of a B12 injection is not established.

One Prescription of Norco 10/325 MG Quantity 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

One Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps To Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Michigan Automated Prescribing Service (MAPS) search: https://sso.state.mi.us looking for evidence of medication non-adherence, misuse, or diversion.University of Michgan Health System

Guidelines For Clinical Care: Managing Chronic Non Terminal Pain, Including Prescribing Controlled Substances (May 2009), page 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, URINE DRUG SCREENING.

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and there was a urine drug screen recorded on 4/22/14 and 6/13/2014. Therefore, the medical necessity of an additional urine drug screen is not established at this time.