

Case Number:	CM14-0139534		
Date Assigned:	09/08/2014	Date of Injury:	12/14/2004
Decision Date:	01/23/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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 ENTER SUBSPECIALTY and is licensed to practice in Connecticut. 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 52-year-old male who reported an injury on 12/14/2004 due to an unspecified mechanism of injury. His diagnoses include T7 spinal cord injury, neurogenic bowel, and neurogenic bladder. His past treatments include medication, Hoyer lift, wheelchair, and physical therapy. On 08/04/2014, the patient complained of weakness and headaches. The physical examination revealed muscle strength at 2+, hip flexion and extension at 3+, leg flexion and extension at 3+, decreased sensation, and grossly functional upper extremity. Medications include OxyContin 10 mg, Viagra, Ampyra, Motrin, Restoril, and stool softeners. The treatment plan included vitamin C 500 mg #60 with 6 refills, Colace 250 mg #60 with 6 refills, OxyContin 10 mg #60 with 6 refills, and 4-Aminopyridine 10 mg #90 with 6 refills. A rationale was not provided. A Request for Authorization form was not submitted for review. Documentation regarding pertinent diagnostic studies and pertinent surgical history was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin C 500mg #60 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList.com. (2015). Ascorbic Acid. Indications & Dosage. Retrieved from <http://www.rxlist.com/ascorbic-acid-drug/indications-dosage.htm>

Decision rationale: According to Rx List, vitamin C is recommended for the prevention and treatment of scurvy, acute deficiency for those with absorption or orally ingested ascorbic acid uncertainty. Vitamin C is also indicated for patients with hemovascular disorders, burns, and delayed fracture and wound healing. The injured worker was indicated to have been taking vitamin C for an unspecified duration of time. However, the documentation failed to provide evidence in regard to the injured worker is being treated for scurvy, hemovascular disorder, burns, a delayed fracture, or delayed wound healing. In the absence of documentation to indicate the patient to be treated for scurvy, hemovascular disorders, burns, delayed fractures, and delayed wound healing; the request is not supported by the evidence based guidelines. In addition, refills would not be indicated as it would not allow for periodic assessment of efficacy of the medication prior to providing additional medications. The request as submitted failed to include the frequency. As such, the request is not medically necessary.

Colace 250mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: California MTUS recommends that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. There was a lack of documented efficacy for the medication and the request as submitted failed to include the frequency. Additionally, refills would not be indicated as it would not allow for periodic assessment of efficacy of the medication prior to providing additional medications. Therefore, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Oxycontin 10mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and a current urine drug screen to indicate for potential aberrant drug related behaviors. Furthermore, the documentation should include a pain assessment to include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; how long pain relief lasts. The injured

worker was indicated to have been on OxyContin for an unspecified duration of time. However, the documentation failed to provide evidence of an ongoing review of functional status, appropriate medication use, side effects, a current urine drug screen, and a complete pain assessment. In the absence of the required documentation for an ongoing opioid regimen, the request is not supported by the evidence based guidelines. The request as submitted failed to include the frequency for the requested medication. In addition, refills would not be indicated as it would not allow for periodic assessment of efficacy of the medication prior to providing additional medications. As such, the request is not medically necessary.

4-Aminopyridine 10mg #90 with 6 refills: 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 RxList.com. (2015). Ampyra. Indications & Dosage. Retrieved from <http://www.rxlist.com/ampyra-drug/indications-dosage.htm>.

Decision rationale: According to Rx List, Ampyra is indicated in the treatments to improve walking in patients with multiple sclerosis. The injured worker was indicated to have been on 4-aminopyradine for an unspecified duration of time. However, the documentation failed to provide evidence in regard to the injured worker to be diagnosed with multiple sclerosis. In the absence of documentation indicating the patient had multiple sclerosis for continued use of Aminopyradine or Ampyra, the request is not supported by the evidence based guidelines. The request as submitted failed to include the frequency for the requested medication. In addition, refills would not be indicated as it would not allow for periodic assessment of efficacy of the medication prior to providing additional medications. As such, the request is not medically necessary.