

Case Number:	CM14-0195826		
Date Assigned:	12/03/2014	Date of Injury:	11/09/2012
Decision Date:	01/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of November 9, 2012. In a Utilization Review Report dated November 7, 2014, the claims administrator failed to approve a request for naltrexone, failed to approve a request for glutathione, failed to approve request for ozone treatments, denied a request for testosterone therapy, denied a request for glutathione, approved a podiatry consultation, partially approved a request for stress management therapy once weekly as a trial of the same for six sessions, and approved a request for six sessions of aggressive physical therapy. Non-MTUS Guidelines were invoked on testosterone replacement therapy, despite the fact that the MTUS address the topic. Non-MTUS ODG Guidelines were also invoked to deny naltrexone. The claims administrator cited an October 20, 2014 progress note. In a December 3, 2014 office visit, the applicant was described as progressively declining owing to ongoing complaints of neck pain, lower extremity weakness, foot drop, lower extremity paresthesia, numbness and tingling in the fingers, etc. The applicant stated that he was having difficulty walking secondary to neuropathy. The attending provider posited that the applicant's symptoms were the result of alleged Lyme disease. The applicant was asked to employ IV doxycycline, IV immunoglobulins, IV glutathione, and vitamin B12 injections. Various dietary supplements were also endorsed. The applicant was asked to use various dietary supplements for detoxification purposes. Additional acupuncture was sought, along with physical therapy. The applicant's work status was not clearly stated. On July 20, 2014, the applicant again reported fever, chills, malaise, flu-like symptoms, difficulty sitting and walking, alleged foot drop, etc. The attending provider suggested that the applicant continue IV Rocephin and IV Cleocin for alleged Lyme disease. Stress management, dietary supplements, and chiropractic manipulative therapy were endorsed. The applicant's work status was not

furnished. In a March 26, 2014 Medical-legal Evaluation, the medical-legal evaluator opined that the applicant was totally disabled and unable to compete in the open labor market. Laboratory testing of May 28, 2014, incidentally noted, was notable for a normal serum testosterone of 694, normal immunoglobulins, including normal IgG, a normal IgA, and a normal IgM, normal TSH at 1.880, and a normal free T3 and normal free T4. Candida antibodies were negative. In a January 6, 2014 rheumatology note, the applicant's treating rheumatologist attributed the applicant's symptoms of fatigue, malaise, and weakness of the left foot to alleged Lyme disease. The applicant had received treatment with Cleocin, rifampin, and doxycycline, it was stated. The applicant was deemed totally permanently disabled. On June 24, 2013, subclavian Port-A-Catheter was inserted, apparently to facilitate delivery of IV antibiotics for alleged Lyme disease. On May 21, 2014, the applicant's integrative medicine practitioner suggested that the applicant continue various dietary supplements, vitamin B12 injections, and IV antibiotics for alleged Lyme disease with associated symptoms of fatigue and malaise. The applicant's complete medication list, as with the bulk of the progress notes on file, was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low dose Naltrexone 3mg: 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 Antagonists Page(s): 75.

Decision rationale: While page 75 of the MTUS Chronic Pain Medical Treatment Guidelines notes that opioid antagonists such as naloxone/naltrexone are most often used to reverse the effects of agonists and agonists-antagonists derived opioids, in this case, however, there was no mention of the applicant's having overdosed on opioids. There was no mention of the applicant's having overdosed on opioids and/or having issues with opioid dependence for which introduction, selection, and/or ongoing usage of naltrexone would be indicated. The bulk of the progress notes, referenced above, did not discuss medication selection or medication efficacy or include the applicant's complete medication list. Therefore, the request was not medically necessary.

Glutathione 1200 mg IV once a week: 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 ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM notes that vitamins, including antioxidants such as glutathione, are not recommended in the treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. In this case, contrary to what was asserted by the applicant's integrated medicine practitioner, there was no evidence of glutathione-deficient state present here. Therefore, the request was not medically necessary.

Ozone treatments: 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 Infectious Diseases Society of America, Practice Guidelines for Clinical Assessment, Treatment, and Prevention of Lyme Disease.

Decision rationale: The MTUS does not address the topic. In this case, it appears that the attending provider was/is intent on employing the ozone treatment at issue for the treatment of alleged Lyme disease. However, the Infectious Diseases Society of America Practice Guidelines on Lyme Disease explicitly state that ozone treatments are "not recommended" for applicants with Lyme disease owing to lack of biological plausibility, lack of efficacy, and absence of supporting data. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable guideline recommendation. Therefore, the request was not medically necessary.

Testosterone Therapy with topical cream: 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 Testosterone Replacement for Hypogonadism Page(s): 110.

Decision rationale: While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does state that testosterone replacement for hypogonadism is recommended in limited circumstances for applicants taking high-dose, long-term opioids with documented low testosterone levels, in this case, however, the applicant does not, in fact, have documented low testosterone levels. Laboratory testing, referenced above, dated May 28, 2014 was notable for a normal testosterone level. The attending provider did not, furthermore, establish clinical risk factors or clinical presentation suggestive of testosterone deficiency, it is further noted. Therefore, the request was not medically necessary.

Stress Management Therapy once a week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401, 405.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 401 does note that stress inoculation therapy/stress management therapy is a cognitive technique which bears special mention as it may be useful on an individual level or for specific occupational groups, this recommendation, however, is qualified by commentary made in ACOEM Chapter 15, page 405 to the effect that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, unrecognized psychosocial stressors. The request for open-ended stress management therapy once weekly, thus, runs counter to ACOEM principles and parameters as it does not contain any proviso to re-evaluate the applicant in the midst of treatment to ensure a favorable response to ongoing stress management therapy, nor does it contain a proviso to re-evaluate the applicant to ensure that the applicant has, in fact, been correctly diagnosed. Therefore, the request was not medically necessary.