

Case Number:	CM15-0000237		
Date Assigned:	01/09/2015	Date of Injury:	03/12/1998
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on 03/12/1998. He has reported low back pain. The diagnoses have included lumbar degenerative disease, sciatica, chronic pain syndrome, and depression. Treatment to date has included medications, chiropractic sessions, physical therapy, trigger point injections, massage, heat, ice, selective nerve blocks, and epidural steroid injections. Diagnostic studies have not been included in the submitted documentation. Currently, the IW complains of increased lower back pain and stress. The back pain is reported to be aggravated from bending, going from a sitting to a standing position, and going from a standing to sitting position. On 12/10/2014, the treating physician documented the IW to have tenderness to palpation over the trapezius on movement, and tenderness over the cervical, thoracic, and ileolumbar spinal process. The ileolumbar tenderness was noted on flexion at the waist to knee and on extension. The plan of treatment includes continuing current medications and follow-up appointment. On 12/23/2014 Utilization Review non-certified 1 prescription of Oxycontin 40 mg #240, noting the medical necessity for the ongoing use of this medication is not warranted, as there is lack of evidence of functional improvement. The MTUS was cited. On 12/23/2014 Utilization Review non-certified a 1 prescription of Deplin 15 mg, noting the medical necessity for this medical food is not warranted, as there is no evidence that the IW is vitamin B deficient. The ODG was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of 1 prescription of Oxycontin 40 mg #240 and for 1 prescription of Deplin 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Oxycontin 40mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: According to the 12/23/14 Utilization Review letter, the OxyContin 40mg, #240 tablets that was requested on the 12/10/14 medical report was modified to allow #60 tablets because it is over 120 morphine equivalent dose and the reviewer did not see functional improvement. According to the 12/10/14 pain management report, the patient is a 65 year-old male with a 3/12/1998 slip and fall injury. He has been diagnosed with lumbar degenerative disease; sciatica; chronic pain syndrome; depression. He complains of increasing low back pain. He takes OxyContin 40mg 2 tablets every 6 hours, Norco 10/325mg 2 tablets every 6 hours; and Lorazepam 1mg 1-2/day. The pain management physician states the CURES report and urine drug screens have been consistent. The pain management reports from 7/29/14, 9/10/14, 10/8/14, 11/5/14, and 12/10/14 were reviewed. There is no pain assessment or discussion of efficacy of the medications. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more] provides the criteria Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or comparison to baseline with the use of OxyContin. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for 1 prescription of OxyContin 40mg #240 IS NOT medically necessary.

(1) Prescription of Deplin 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter online for Deplin; ½ (L-methylfolate) Mental Illness and Stress Chapter, Deplin; B vitamins for depression; medical food

Decision rationale: According to the 12/23/14 Utilization Review letter, the Deplin that was requested on the 12/10/14 medical report was modified to allow #60 tablets because it is over 120 morphine equivalent dose and the reviewer did not see functional improvement. According

to the 12/10/14 pain management report, the patient is a 65 year-old male with a 3/12/1998 slip and fall injury. He has been diagnosed with lumbar degenerative disease; sciatica; chronic pain syndrome; depression. He complains of increasing low back pain. He was prescribed Deplin, a medical food based on a genetic test. The pain management reports from 7/29/14, 9/10/14, 10/8/14, 11/5/14, and 12/10/14 were reviewed. There is no discussion of vitamin B deficiency. MTUS/ACOEM does not discuss Deplin. ODG-TWC guidelines, Pain chapter online for Deplin (L-methylfolate), states: Not recommended. Deplin (L-methylfolate) is a prescription medical food that contains L-methylfolate (vitamin B9) in doses of 7.5 mg or 15 mg. See Deplin & B vitamins for depression in the Mental Illness and Stress Chapter. See also B vitamins & vitamin B complex & Medical food in this chapter. The use of Deplin is not in accordance with ODG guidelines. The request for 1 prescription of Deplin 15mg, IS NOT medically necessary.