

Case Number:	CM15-0004004		
Date Assigned:	01/15/2015	Date of Injury:	09/18/1991
Decision Date:	04/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 59-year-old female who sustained an industrial related injury on 9/18/91 after lifting a 70-pound person. The injured worker had complaints of neck pain, lower back pain, left leg pain, and bilateral arm pain and numbness. The injured worker was treated with physical therapy, lumbar epidural steroid injection, nonsteroidal anti-inflammatory agents (NSAIDS), pain medications, sleep aids, home exercise programs, and a TENS unit. The injured worker was prescribed Soma, Savella, and Ambien. The documentation indicates that Tylenol No. 3, Ambien, and Voltaren gel have been prescribed since at least July 2014. Diagnoses included lumbar radiculopathy, cervical strain, fibromyalgia, neuropathy, cervical radiculopathy, chronic pain, and depression. A diagnostic polysomnogram on 12/5/14 showed no obstructive sleep apnea but was consistent with restless leg syndrome and insomnia. The progress note of 12/10/14 noted that lumbar and leg pain has diminished and that activities of daily living have improved, but that neck and arm pain was ongoing. Physical examination showed iliolumbar tenderness and tenderness over the C7 process on movement. Urine drug screen on that date was reported as consistent with prescribed medication. The treating physician requested authorization for Voltaren gel 100gm #3, Tylenol No. 3 #120, Ambien 12.5mg #30, Deplin 15mg #90, and Metanx #180. On 12/23/14 the requests were non-certified by Utilization Review. Regarding Voltaren gel, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no documentation that there has been failure of first line therapy. Regarding Tylenol No. 3, the UR physician cited the MTUS guidelines and noted the medical records do not clearly reflect continued analgesia,

continued functional benefit, or a lack of adverse side effects. Regarding Ambien, the UR physician cited the Official Disability Guidelines (ODG) and noted there was no documentation concerning sleep improvement derived from this medication's use. Regarding Deplin, the UR physician cited ODG and noted there was no documentation of depression and no clear rationale for the medical necessity of this medication. Regarding Metanx, the UR physician cited the MTUS and ODG and noted there was no indication the injured worker has a vitamin D deficiency, or any other condition for which vitamin D supplementation would be necessary. This Utilization Review (UR) decision was subsequently appealed to Independent Medical Review (IMR).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100gm #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical nonsteroidal anti-inflammatory medications (NSAIDs) for short-term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. There should be no concurrent use of an oral and topical NSAID. The only FDA approved topical NSAID is Voltaren gel (diclofenac). The injured worker's diagnoses include lumbar radiculopathy, cervical strain, fibromyalgia, neuropathy, cervical radiculopathy, chronic pain, and depression. There was no documentation of diagnoses of osteoarthritis or tendonitis. Reports note the presence of shoulder and spine pain. The injured worker has been treated with Voltaren gel for at least 6 months, without documentation of functional improvement as a result of its use. The request for Voltaren gel 100gm #3 is not medically necessary.

Tylenol No.3 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

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

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. The documentation shows that urine drug screening was performed; however, none of the additional required aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis,

"mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. There was no documentation of discussion of adverse effects. Screenings for aberrant drug-taking behaviors other than use of urine drug screens were not documented. The documentation noted some improvement in activities of daily living, but the specific activities were not noted and this improvement was not attributed to any particular medication/intervention. The injured worker has been prescribed Tylenol No. 3 for at least 6 months, without documentation of functional improvement. Work status was not specified, no decrease in medication use was noted, and office visits have continued at the same frequency. The request for Tylenol No 3 # 120 is not medically necessary.

Ambien 12.5mg #30: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, zolpidem.

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. A polysomnogram was consistent with restless leg syndrome; this was not addressed by the treating physician. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. The progress notes show that Ambien has been in use for at least 6 months. For these reasons, the request for Ambien 12.5 mg #30 is not medically necessary.

Deplin 15mg #90: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: medical foodmental illness and stress chapter: deplin and Other Medical Treatment Guidelines Lexicomp online copyright 1978-2015.

Decision rationale: Deplin (L-methylfolate) is a medical food used for the nutritional requirements of patients with suboptimal L-methylfolate who have major depressive disorder, or for patients who have or are at risk for hyperhomocysteinemia and have schizophrenia. Per the ODG, deplin is not recommended until there are higher quality studies. There are no head-to-head studies comparing folic acid supplementation versus L-methylfolate in terms of augmenting antidepressant therapy for depression. The injured worker did not have diagnoses of folate deficiency or schizophrenia. Due to the lack of indication for use as well as the ODG notation that the use of this agent is not recommended, the request for deplin 15 mg #90 is not medically necessary.

Metanx #180: 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, Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: medical food.

Decision rationale: Metanx is a medical food, which contains L-methylfolate with vitamins B6 and B12. 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. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. There was no documentation that the injured worker had deficiencies of folate, B6 or B12. The request for Metanx is therefore not medically necessary.