MAXIMUS Federal Services

Case Number:	CM15-0183396		
Date Assigned:	10/16/2015	Date of Injury:	11/01/1993
Decision Date:	12/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency 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:

This is a 75 year old male who sustained an industrial injury on 11-1-1993. A review of the medical records indicates that the injured worker is undergoing treatment for bronchitis, hypertensive heart disease, recurrent atrial fibrillation, diabetes and chronic back pain. According to the progress report dated 8-26-2015, the injured worker recently had an upper respiratory infection with a markedly productive cough. It was noted that his back was still an issue. Objective findings (8-26-2015) revealed scattered rales and rhonchi in lungs. Treatment has included cardioversion and medications. The injured worker has been prescribed Allopurinol and Vitamin D3 since at least 6-2015, Celebrex since 3-3015 and Vitamin B12-Folic acid since at least 7-9-2015. The request for authorization was dated 8-31-2015. The original Utilization Review (UR) (9-11-2015) denied requests for Allopurinol, Celebrex, Vitamin B12- Folic Acid and Vitamin D3.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Allopurinol 300mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin School of Nursing, Family Nurse Practitioner program, Management of chronic gout in adults.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Medical History.

Decision rationale: The request is for the use of the medication Allopurinol which is usually used to treat gout. The ACOEM guidelines state that physical exam findings of acute gout include sudden recurring attacks of joint pain in the toes, swelling, redness and tenderness of the first metatarsal joint. In this case there is no documentation of either physical exam findings of gout or of the reasoning for the use of this medication. As such, it is not medically necessary.

1 Prescription of Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The request is for the use of Celebrex. This medication is in the category of a COX-2 inhibitor anti-inflammatory medication. The MTUS guidelines state the following regarding its use: COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.) In this case, Celebrex is not medically necessary. This is secondary to inadequate documentation pain and functional improvement seen with use of this medication which has significant cardiovascular side effects seen with long-term use.

1 Prescription of Vitamin B-12 Folic Acid 0.5mg-1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; 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) Pain/B vitamins & vitamin B complex.

Decision rationale: The request is for a product which contains multivitamins. The ODG states the following regarding this topic: Not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine) - beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid) - pellegra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid) - megaloblastic anemia; (8) vitamin B12 (various cobalamins) - pernicious anemia, myelopathy,

neuropathy, dementia, subacute combined degeneration of the spine, and decreased cognition. Treatment of vitamin B12 deficiency is generally parenteral. Vitamin B Complex contains the above 8 vitamins plus para-aminobenzoic acid, inositol, and choline. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy (diabetic and alcoholic). Evidence was insufficient to determine whether specific B vitamins or B complex for these conditions was beneficial or harmful. (Ang-Cochrane, 2008) See B vitamins for depression in the Mental Health and Stress Chapter. In this case, the use of this product is not medically necessary. This is secondary to inadequate documentation of deficiency seen.

1 Prescription of Vitamin D3, 2000 unit tablet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Vitamin D.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)/vitamin D (cholecalciferol).

Decision rationale: The request is for the use of vitamin D. The official disability guidelines state the following regarding its use for chronic pain. Not recommended for the treatment of chronic pain based on Recent research below. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Adjusting for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low vitamin D levels. (McBeth, 2010) Inadequate vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level. For example, many patients who have been labeled with fibromyalgia may be suffering from symptomatic vitamin D inadequacy. There is also a correlation between inadequate vitamin D levels and the amount of narcotic medication taken by chronic pain patients. Patients with inadequate vitamin D may benefit from cholecalciferol 50,000 international units dosed according to the level of deficiency, but caution is necessary for patients with calcium- or phosphate- processing disorders because increasing vitamin D levels could be problematic in patients with kidney failure or stones or primary hyperparathyroidism or sarcoidosis. For patients with adequate vitamin D looking to maintain levels, 10 to 15 minutes of sun exposure might be recommended with no sunscreen on the trunk and arms and legs 3 times a week. (Turner, 2008) Recent studies have suggested that vitamin D supplementation is a safe, well-tolerated approach to improve muscle strength and function, leading to fewer falls. This systematic review and meta-analysis demonstrated that there is a protective effect of vitamin D supplementation on fall prevention in older adults. (Kalyani, 2010) On the other hand, most

Americans already receive enough vitamin D, according to a report released by the Institute of Medicine, and they concluded that the positive effects of vitamin D haven't been nearly as clear-cut as advocates have suggested. (IOM, 2010) Women who take a single high dose of vitamin D (300,000 IUs) suffer much less menstrual pain and have no need of pain medications for any reason for up to 2 months, according to a new RCT. The authors say vitamin D may act as an anti-inflammatory and may regulate the expression of key genes involved in the prostaglandin pathway, causing decreased biological activity of prostaglandins. Although the numbers were small, there was a convincing difference between the placebo and vitamin D groups in the study, but it is premature to recommend this. The 300,000 IU dose of vitamin D used in the study is probably harmless if taken every month or two, but it could cause hypercalcemia if taken daily. (Lasco, 2012)Recent research: In this RCT, Vitamin D supplementation for 2 years at a dose sufficient to elevate 25-hydroxyvitamin D plasma levels to higher than 36 ng/mL, when compared with placebo, did not reduce knee pain or cartilage volume loss in patients with symptomatic knee OA. (McAlindon, 2013) Optimization of calcifediol levels in fibromyalgia syndrome had a positive effect on the perception of pain, but further studies with larger patient numbers are needed to prove the hypothesis. (Wepner, 2014)In this case, the use of this vitamin for chronic pain is not medically necessary. As stated above: "Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition."