

Case Number:	CM15-0194110		
Date Assigned:	10/07/2015	Date of Injury:	10/18/2007
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, Tennessee
 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:

The injured worker is a 45 year old female, who sustained an industrial injury on 10-18-07. The injured worker is diagnosed with lumbosacral radiculopathy and cervical radiculopathy. Her work status is modified duty. A note dated 9-8-15 reveals the injured worker presented with complaints of constant neck pain that travels down her right arm described as aching and numbness in the right hand. A physical examination dated 9-8-15 revealed tender cervical spine paravertebral muscles and spasms, restricted range of motion, reduced sensation in the right C7 dermatomal distribution. The lumbar spine examination reveals tender paravertebral muscles and spasms and restricted range of motion. The right hip range of motion is restricted and the greater trochanter is tender to palpation. Treatment to date have included medications; Meloxicam, Lidoderm patch, Cyclobenzaprine, Esomeprazole Mag, Beta Carotene and Biotin, which reduces her pain and allows her to function, per note dated 6-16-15. Chiropractic care was beneficial and provided functional improvement, per note dated 6-16-15. Diagnostic studies to date have included MRI (2014). A request for authorization dated 9-8-15 for Beta Carotene 25000 units #30, Biotin 10000 mcg #30 and Esomeprazole Mag DR 20 #30 with 2 refills (all with prescription date of 9-8-15) is denied, per Utilization Review letter dated 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Beta Carotene 25000 unit #30 no refill (one capsule by mouth daily Rx date 9/8/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, 2015, B vitamins & vitamin B complex; ODG Pain Chapter, 2015, Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Overview of vitamin A.

Decision rationale: Beta carotene is a pro-vitamin that is metabolized into the fat soluble vitamin A. Vitamin A is crucial to cellular differentiation and integrity in the eye, and deficiency causes xerophthalmia (dryness, fragility and clouding of the cornea. Vitamin A deficiency is also associated with poor bone growth, nonspecific dermatological problems (e.g., hyperkeratosis), and impaired immune function. In this case there is no documentation to support that the diagnosis of vitamin A deficiency. Medical necessity has not been established. The request is not medically necessary.

Biotin 10000 mcg #30 no refill (one tablet by mouth daily Rx date 9/8/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, 2015, B vitamins & vitamin B complex; ODG Pain Chapter, 2015, Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Overview of water-soluble vitamins.

Decision rationale: Biotin is a water-soluble vitamin. Biotin is an essential component of several enzyme complexes in mammals, all of which are involved in carbohydrate and lipid metabolism. Symptoms of biotin deficiency are nonspecific and may include changes in mental status, myalgia, dysesthesias, anorexia, and nausea. Chronic deficiency can lead to a maculosquamous dermatitis of the extremities. In this case there is no documentation to support that the diagnosis of biotin deficiency. Medical necessity has not been established. The request is not medically necessary.

Esomeprazole Mag Dr 20 cap #30 with 2 refills (take one daily Rx date 9/8/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Esomeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent

use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request is not medically necessary.