

Case Number:	CM15-0196737		
Date Assigned:	11/03/2015	Date of Injury:	09/27/1997
Decision Date:	12/14/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male who sustained an industrial injury on 09-27-1997. A review of the medical records indicated that the injured worker is undergoing treatment for chronic cervical radiculopathy, failed thoracolumbar fusion with progressive kyphotic deformity, lumbar stenosis, neurogenic bladder, right shoulder impingement syndrome, depression and obesity. The injured worker is status post thoracolumbar T12-L1 fusion (no date documented), C5-6 and C6-7 anterior cervical fusion and decompression in 08-2013, intrathecal Morphine Sulfate placement and removal on 02-09-2015, sacral nerve stimulator implant and explant on 04-15-2015 secondary to infection and penile prosthesis implant. According to the treating physician's progress report on 07-16-2015 the injured worker continues to experience low back pain and increased cervical symptoms. The injured worker rated his pain level at 8 out of 10 on the pain scale. The injured worker continues to have withdrawal symptoms post intrathecal pump removal despite MSContin 60mg 3 times a day. The injured worker also reported difficulty sleeping and loss of appetite. Examination revealed an antalgic gait flexed at 20 degrees. The lumbar spine was noted as 0 degrees flexion, extension and bilateral lateral bending with decreased sensation at the bilateral anterolateral thighs with visible back spasm. Hip flexors were weak. The cervical spine demonstrated decreased range of motion with pain, decreased grip and thenar wasting in the bilateral hands. Sensation was decreased in the bilateral arms and forearms at the C6 and C7 distribution. Electrodiagnostic studies (no date documented) interpreted in the progress notes dated 07-16-2015 stated "right and left sensory poly neuropathy, right and left median nerve motor neuropathy, right and left ulnar nerve motor

neuropathy". The injured worker receives psychotherapy sessions. Current medications were listed as MsContin, Percocet, Neurontin, Flexeril, Catapres, Voltaren and Xanax. Treatment plan consists of increasing MsContin to 4 times a day, orthopedic spine work-up for complex spine surgery, continuing home exercise program, range of motion and strengthening and the current request for one (1) prescription of fish oil 1,000mg softgel #120. On 09-08-2015 the Utilization Review determined the request for one (1) prescription of fish oil 1,000mg softgel #120 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of fish oil 1,000mg softgel #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cod liver oil [DWC].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cod liver oil [DWC].

Decision rationale: The claimant has a remote history of a work injury occurring in September 1997. He underwent a multilevel anterior cervical fusion in August 2013 and has a history of failed low back syndrome with possible pseudoarthrosis and progressive kyphotic deformity. In February 2015 a nonfunctional morphine pump was removed. In April 2015 he underwent removal of an infected sacral nerve stimulator. After the stimulator was removed he started having multiple episodes of urinary urgency and incontinence. He has severe lower extremity edema and medical conditions include gastroesophageal reflux disease and sleep apnea. When seen, he was having withdrawal symptoms. He was having difficulty sleeping. He had pain rated at 8/10. Physical examination findings included an antalgic and forward flexed gait. He had decreased lower extremity sensation. There were visible spasms of the back. There was decreased cervical spine range of motion with hand muscle wasting. He had decreased upper extremity sensation. His body mass index was nearly 30. Authorization is medically necessary for fish oil. In this case, the reason for the request is not documented in the records provided for review. Fish oil is not recommended for chronic pain. The request cannot be accepted as being medically necessary.