

Case Number:	CM15-0200168		
Date Assigned:	10/16/2015	Date of Injury:	07/07/2010
Decision Date:	12/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/12/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This is a 56 year old female with a date of injury of July 7, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc degeneration, cervical facet arthropathy, lumbar disc displacement, bilateral shoulder pain, and chronic pain. Medical records dated July 8, 2015 indicate that the injured worker complained of neck pain radiating down the bilateral upper extremities left greater than right with tingling of the left upper extremity to the fingers, bilateral occipital headaches, lower back pain radiating down the bilateral lower extremities, bilateral shoulder pain, bilateral foot pain, and pain rated at a level of 4 out of 10 and 8 out of 10 without medications. A progress note dated September 2, 2015 documented complaints similar to those reported on July 8, 2015 with pain rated at a level of 1 out of 10 with medications and 8 out of 10 without medications. Per the treating physician (September 2, 2015), the employee was not working. The physical exam dated July 8, 2015 reveals cervical spine vertebral tenderness at C4-6, tenderness to palpation of the left trapezium muscle and bilateral paravertebral area at C4-7, slightly to moderately limited range of motion of the cervical spine with increased pain, decreased sensation to touch of the right upper extremity at C6 dermatome, tenderness upon palpation in the spinal vertebral area at L4-S1, moderately limited range of motion of the lumbar spine secondary to pain, tenderness to palpation at the left acromioclavicular joint and the right anterior shoulder, and decreased range of motion of the right shoulder. The progress note dated September 2, 2015 documented a physical examination that showed no changes since the examination performed on July 8, 2015. Treatment has included medications (E-400, Magnesium, Melatonin, and Niacin since at least October of 2014;

Gabapentin and Naproxen), yoga, and psychotherapy. The original utilization review (September 23, 2015) non-certified a request for Magnesium 250mg, Melatonin 5 mg, Niacin 50mg and E-400.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnesium 250mg tab: 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 - Nexium (Esomeprazole magnesium).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Nonprescription medications, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter OTC products Nutritional Supplements.

Decision rationale: The CA MTUS and the ODG guidelines recommend that nutritional supplements, vitamins and OTC products can be utilized for the treatment of chronic musculoskeletal pain caused by deficiency states when standard FDA approved medications are non effective or cannot be tolerated. The guidelines noted that the efficacy and objective findings of functional restoration resulting from chronic utilization of nutritional supplements and OTC products have not been established. The records did not show subjective or objective findings consistent with nutritional disorders or deficiency states associated with chronic musculoskeletal pain. The patient is utilizing multiple non OTC medications concurrently. There is report of significant efficacy with up to 90 % reduction in pain scores with utilization of the regular pain medications and physical treatment measures. The criteria for the use of Magnesium 250mg tab was not medically necessary.

Melatonin 5 mg tab: 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 - Melatonin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Nonprescription medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, TC products, Nutritional Supplements.

Decision rationale: The CA MTUS and the ODG guidelines recommend that nutritional supplements, vitamins and OTC products can be utilized for the treatment of chronic musculoskeletal pain caused by deficiency states when standard FDA approved medications are non effective or cannot be tolerated. The guidelines noted that the efficacy and objective findings of functional restoration resulting from chronic utilization of nutritional supplements and OTC

products have not been established. The records did not show subjective or objective findings consistent with nutritional disorders or deficiency states associated with chronic musculoskeletal pain. The patient is utilizing multiple non OTC medications concurrently. There is report of significant efficacy with up to 90 % reduction in pain scores with utilization of the regular pain medications and physical treatment measures. The criteria for the use of Melatonin 5mg tab were not medically necessary.

Niacin 50mg tab: 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 - B vitamins and vitamin B complex.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Nonprescription medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, OTC products, Nutritional Supplements.

Decision rationale: The CA MTUS and the ODG guidelines recommend that nutritional supplements, vitamins and OTC products can be utilized for the treatment of chronic musculoskeletal pain caused by deficiency states when standard FDA approved medications are non effective or cannot be tolerated. The guidelines noted that the efficacy and objective findings of functional restoration resulting from chronic utilization of nutritional supplements and OTC products have not been established. The records did not show subjective or objective findings consistent with nutritional disorders or deficiency states associated with chronic musculoskeletal pain. The patient is utilizing multiple non OTC medications concurrently. There is report of significant efficacy with up to 90 % reduction in pain scores with utilization of the regular pain medications and physical treatment measures. The criteria for the use of Niacin 50mg tab were not medically necessary.

E-400: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15537682>, Ann Intern Med. 2005 Jan 4; 142(1):37-46 Epub 2004 Nov 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Nonprescription medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, OTC products, Nutritional Supplements.

Decision rationale: The CA MTUS and the ODG guidelines recommend that nutritional supplements, vitamins and OTC products can be utilized for the treatment of chronic musculoskeletal pain caused by deficiency states when standard FDA approved medications are non effective or cannot be tolerated. The guidelines noted that the efficacy and objective findings

of functional restoration resulting from chronic utilization of nutritional supplements and OTC products have not been established. The records did not show subjective or objective findings consistent with nutritional disorders or deficiency states associated with chronic musculoskeletal pain. The patient is utilizing multiple non OTC medications concurrently. There is report of significant efficacy with up to 90 % reduction in pain scores with utilization of the regular pain medications and physical treatment measures. The criteria for the use of E-400 were not medically necessary.