

Case Number:	CM15-0023801		
Date Assigned:	02/13/2015	Date of Injury:	03/04/2008
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 41-year-old male, with a reported date of injury of 03/04/2008. The diagnoses include lumbar radiculopathy, bilateral sacroilitis, lumbar facet pain, and degenerative lumbar disc disease. Treatments have included oral medications, bilateral L4, L5 medial branch block on 11/27/2013, right L5-S1 transforaminal epidural steroid injection, L3-4 translaminar lumbar epidural block, an MRI of the lumbar spine on 04/17/2008, and psychotherapy. The progress report dated 12/01/2014 indicates that the injured worker had persistent low back and mid-back pain, associated with intermittent tingling and numbness in the right lower extremity. He rated the pain 3-4 out of 10. The injured worker's current medications were helping with pain without adverse effects, and she was able to sleep better with the help of her medication. She noted increased activity tolerance with the help of the medications. The objective findings included positive for anxiety and depression. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Restoril 15mg #60 and Deplin 15mg #30. On 01/21/2015, Utilization Review (UR) denied the request for Restoril 15mg #60 at bedtime and Deplin 15mg #30 daily. The UR physician noted that Restoril is not recommended for long-term use and there is a risk for dependence; and there was a lack of evidence to support the effectiveness of Deplin. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #60 HS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatments.

Decision rationale: The CA MTUS is silent on the use of Restoril. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep sleep onset, sleep maintenance, sleep quality and next day function. The record does not document investigation of causes of insomnia or trial of nonpharmacologic interventions. Therefore, there is no documentation of the medical necessity of treatment with Restoril and the UR denial is upheld.

Deplin 15mg #30 QD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food.

Decision rationale: CA MTUS is silent on the use of medical food products, such as Deplin, in chronic pain. ODG addresses the use of medical food in the section on pain. 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. FDA defines a medical food as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The use of eEplin is not medically indicated.