

Case Number:	CM15-0065604		
Date Assigned:	04/21/2015	Date of Injury:	02/05/2004
Decision Date:	07/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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

Certification(s)/Specialty: Internal 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 41 year old female, who sustained an industrial injury on May 4, 1998. She reported low back pain. The injured worker was diagnosed as having chronic pain, major depression, anxiety, bipolar II and post-traumatic stress disorder. Treatment to date has included intradiskal electrothermal therapy (IDET), radiographic imaging, myofascial injections, epidural steroid injections, conservative care, medications and work restrictions. Currently, the injured worker complains of continued chronic low back pain, diminished lifestyle, irritability, anxiety, debilitating depression and anhedonia. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 21, 2015, revealed continued pain and related symptoms as noted. Medications were adjusted, renewed and requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. The injured worker complains of chronic low back pain. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine 10mg #90 is not medically necessary per MTUS guidelines.

Docusate Sodium 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed.

Decision rationale: Per <http://www.nlm.nih.gov/medlineplus>, Stool softeners are used on a short-term basis to treat constipation. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Colace to treat opioid-induced constipation is no longer indicated. The request for Docusate Sodium 100mg #60 is not medically necessary.

Fish oil- Vit D3 300mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/vitamind.html>.

Decision rationale: Omega-3 fatty acids (omega-3s) are a group of polyunsaturated fatty acids that are important for a number of functions in the body. Some types of omega-3s are found in foods such as fatty fish and shellfish. Another type is found in some vegetable oils. Omega-3s are also available as dietary supplements. Moderate evidence has emerged about the health benefits of eating seafood. The health benefits of omega-3 dietary supplements are unclear. Vitamin D can be supplemented through the skin, from dietary sources, and from supplements. Vitamin D is naturally absorbed after exposure to sunlight. Documentation provided for review fails to show that the injured worker is Vitamin D deficient and there is no report to support that Fish oil and Vitamin D supplementation is related to the current work-related conditions. The request for Fish oil- Vit D3 300mg #30 is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Hydrocodone/Acetaminophen 10/325mg #30 is not medically necessary.

Unknown prescription of Multivitamin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S Preventive Services Task Force. Vitamin, mineral, and multivitamin supplements for the primary prevention of cardiovascular disease and cancer: U.S Preventive Services Task Force recommendation statement. Ann Intern Med. 2014 Apr 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: Multivitamins are prescribed for patients who need extra vitamins, who cannot eat enough food to obtain the required vitamins, or who cannot receive the full benefit of the vitamins contained in the food they eat. Documentation fails to demonstrate that the injured worker fits any of the above criteria to establish the medical necessity for Multivitamins. The request for Unknown prescription of Multivitamin is not medically necessary.

Seroquel 100mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 -16.

Decision rationale: Seroquel is recommended in the acute treatment of bipolar I disorder, acute treatment of depressive episodes associated with bipolar disorder and as adjunctive therapy to antidepressants for the treatment of major depressive disorder. The injured worker complains of ongoing anxiety, depression and anhedonia. Documentation fails to demonstrate adequate improvement in level of function or symptoms, to support the medical necessity for continued use of Seroquel. Being that MTUS guidelines are not met, the request Seroquel 100mg #45 is not medically necessary.

Vitamin B complex #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, B vitamins & vitamin B complex.

Decision rationale: ODG does not recommend the use of Vitamin B complex for the treatment of chronic pain unless this is associated with documented vitamin deficiency. Vitamin B Complex contains multiple B vitamins, plus para-aminobenzoic acid, inositol, and choline. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. Documentation provided for review fails to show that the injured worker is Vitamin B deficient and there is no report to support that Vitamin B supplementation is related to the current work-related conditions. The request for Vitamin B complex #30 is not medically necessary.

Vitamin D3 5000 unit tablet #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/vitamind.html>.

Decision rationale: Vitamin D can be supplemented through the skin, from dietary sources, and from supplements. Vitamin D is naturally absorbed after exposure to sunlight. Documentation provided for review fails to show that the injured worker is Vitamin D deficient and there is no report to support that Vitamin D supplementation is related to the current work-related conditions. The request for Vitamin D3 5000 unit tablet #30 is not medically necessary.

