

Case Number:	CM15-0075481		
Date Assigned:	04/27/2015	Date of Injury:	09/04/2002
Decision Date:	08/05/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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 60 year old male injured worker suffered an industrial injury on 09/04/2002. The diagnoses included cervical dystonia, dysplastic hemiplegia, cerebral palsy, cervical sprain and seizures. The injured worker had been treated with medications and injections. On 1/29/2015, the treating provider reported right and left leg weakness. The here was impaired gait along with reduced sensation to the legs. The treatment plan included MAG64, Ibuprofen, Naprosyn, Lorazepam, Oyster shell, and Boniva.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAG64 tab, thirty count with six refills: Upheld

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

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

Decision rationale: Magnesium is used as a dietary supplement for individuals who are deficient in magnesium. Although a balanced diet usually supplies all the magnesium a person needs, magnesium supplements may be needed by patients who have lost magnesium because of illness or treatment with certain medicines. Magnesium can be supplemented due diet or mineral supplement. Documentation provided for review fails to show that the injured worker is deficient in Magnesium and there is no report to support that Magnesium supplementation is related to the current work-related conditions. The request for MAG64 tab, thirty count with six refills is not medically necessary.

Ibuprofen tab 800 mg, ninety count with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Ibuprofen tab 800 mg, ninety count with five refills is not medically necessary.

Naprosyn tab 500 mg, sixty count with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Naprosyn tab 500 mg, sixty count with five refills is not medically necessary.

Lorazepam tab, 1 mg, thirty count with three refills: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker is being prescribed this medication for Seizure disorder, which is reported to be controlled on Keppra. The medical necessity for chronic use of Lorazepam has not been established. The request for Lorazepam tab, 1 mg, thirty count with three refills is not medically necessary.

Oyster shell tab 500 mg, sixty count with eight refills: Overturned

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

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: Minerals, such as Calcium, are important for staying healthy. Calcium helps build and protect teeth and bones. Calcium can be supplemented through diet and by taking Calcium supplements, such as Oyster Shell. Documentation provided shows that the injured worker is diagnosed with Osteoporosis. Calcium supplementation in this clinical setting is appropriate. The request for Oyster Shell is medically necessary per guidelines.

Boniva tab 150 mg, one with eight refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Pelvis Chapter, Bisphosphonates.

Decision rationale: Boniva is a Bisphosphonate, a class of drugs used to treat osteoporosis and similar diseases. ODG also recommends Boniva following hip replacement surgery due to potential early loss of bone around the prosthesis at the time of the implantation. Documentation provided for shows that the injured worker is diagnosed with Osteoporosis. Calcium supplementation in this clinical scenario is appropriate. The request for Boniva is medically necessary per guidelines.