

Case Number:	CM14-0001980		
Date Assigned:	01/24/2014	Date of Injury:	02/04/2008
Decision Date:	06/13/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; immobilization of the fracture; a CAM walker; nutritional supplements; and extensive periods of time off of work. A December 30, 2013 progress note was notable for comments that the applicant was given prescriptions for Flexeril, tramadol, Neurontin, and NeuroVite. The applicant was placed off of work, on total temporary disability, it was stated. The note was somewhat difficult to follow and mingled old complaints with current findings. It was stated that the applicant's diabetes and severe obesity were complicating his recovery. He is given various diagnoses, including the fifth metatarsal fracture, Charcot foot, and diabetic neuropathy. The applicant weighed over 450 pounds. A heavy duty walker was also endorsed. The applicant was asked to try and lose weight. The applicant was described as off of work, on total temporary disability, on December 13, 2013. The applicant was using NeuroVite, the nutritional supplement, at that point in time, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using several analgesic and adjuvant medications, including tramadol and Neurontin. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

NEUROVITE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Alternative Treatment Section..

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, however, complementary treatments, alternative treatments, or dietary supplements are not recommended in the treatment of chronic pain, as is present here, as these treatments have not been shown to produce any meaningful benefits or improvement in terms of functional outcomes. In this case, the attending provider did not proffer any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. It was further noted that the applicant was apparently using the agent in question, NeuroVite, on a chronic basis, throughout 2013. Despite ongoing usage of the same, the applicant remained off of work, on total temporary disability. NeuroVite did not reduce the applicant's consumption of other medications, such as Neurontin or tramadol. Thus, ongoing usage of NeuroVite, the dietary supplement, did not generate any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary, for all of the stated reasons.