

Case Number:	CM14-0127737		
Date Assigned:	09/16/2014	Date of Injury:	12/30/2006
Decision Date:	10/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 56 year-old male who sustained an injury on 12/30/06. As per the report on 6/20/14, he complained of radiating neck and low back pain. The pain was aggravated by activity and walking. He had 6/10 pain with medications and 9/10 without and reported medication associated GI upset. The IW wishes to wean opiates. Gait was antalgic and slow and he utilizes a cane. L-spine exam revealed spasm in the paraspinal muscles, tenderness at L4-S1, moderately limited ROM, significantly increased pain with flexion and extension, and decreased sensitivity to touch along the L4-5. L-spine MRI and EMG/Nerve conduction studies were done in 2007. He weaned his opioids from June through November of 2013; it severely worsened pain symptoms with a reduction in function and ADLs and he is on the lowest effective level of opiates. It was noted that he had a diagnosis of chronic pain associated with diffuse musculoskeletal aches with documented history of vitamin D deficiency (<30 ng/ml) and has not responded to normal treatments such as sun exposure/diet and was recommended to continue vitamin D to maintain therapeutic levels. Urine drug test dated 4/25/14 was positive for hydrocodone. Medications include Naproxen, Omeprazole, Vitamin D, Tizanidine, Neurontin and Hydrocodone. He had acupuncture with 20-50% improvement. Numerous authorization denials for acupuncture, tizanidine, hydrocodone, and vitamin D were noted. Diagnoses: Lumbar facet arthropathy, lumbar radiculopathy, bilateral ankle pain, bilateral shoulder pain, medication related dyspepsia, and chronic pain, other. The request for acupuncture 4 sessions lumbar spine, vitamin D 2000 units 3 tabs daily #135 (6/20/14) and Tizanidine 4mg twice daily #90 (6/20/14) and Hydrocodone 10/325mg three times daily #90 (5/23/14) was denied on 7/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D 2000 units 3 tabs daily #135 (6/20/14): 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 Chapter, Vitamin D

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, NIH

Decision rationale: CA MTUS/ACOEM/ODG do not address. Therefore, NIH and Drugs.com were consulted. There is wide "optimal" range for 25(OH)D is reported (25-80 ng/mL), and differences of opinion exist as to the definitions of vitamin D insufficiency (sometimes reported as <30 ng/mL) and deficiency (<20 ng/mL). A normal level of vitamin D is defined as a 25OHD concentration greater than 30 ng/mL (75 nmol/L). Vitamin D insufficiency is defined as a 25OHD concentration of 20 to 30 ng/mL (50 to 75 nmol/L). Vitamin D deficiency is defined as a 25OHD level less than 20 ng/mL (50 nmol/L). In people whose 25OHD is <20 ng/mL (50 nmol/L), treatment usually includes 50,000 international units of vitamin D2 or D3 by mouth once or more per week for six to eight weeks, and then 800 to 1000 (or more) international units of vitamin D3 daily thereafter. In people whose 25OHD is 20 to 30 ng/mL (50 to 75 nmol/L), treatment usually includes 800 to 1000 international units of vitamin D3 by mouth daily, usually for a three month period. However, many individuals will need higher doses. The "ideal" dose of vitamin D is determined by testing the individual's 25OHD level, and increasing the vitamin D dose if the level is not within normal limits. Once a normal level is achieved, continued therapy with 800 international units of vitamin D per day is usually recommended. In this case, the low level of Vit. D is documented, which warrants treatment. However, the requested dose of Vit. D appears to be exceeding the recommended dose per NIH guidelines. Therefore, the request is not considered medically necessary.

Tizanidine 4mg twice daily #90 (6/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine "Zanaflex" is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity or associated disorders. There is no significant improvement in function with prior use of this medication. Therefore, the request is not medically necessary according to the guidelines.

Hydrocodone 10/325mg three times daily #135 (6/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone and Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.