MAXIMUS Federal Services

Case Number:	CM14-0144322		
Date Assigned:	09/12/2014	Date of Injury:	02/09/2001
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old female was reportedly injured on 2/9/2001. The mechanism of injury is noted as low back injury while moving an obese patient. The claimant previously underwent a lumbar fusion at L4/5 in 1987. After her injury, she underwent a lumbar fusion from L2 - L4 in 2002; followed by spinal cord stimulator implantation in 2004, and removal of stimulator in 2009. The most recent progress note, dated 8/28/2014, indicates that there were ongoing complaints of neck, right hip and low back pain. Physical examination demonstrated tenderness at paracervical muscles and facets; cervical range of motion severely limited in rotation and decreased in left lateral bending causing pain; tenderness paraspinal muscles and sacroiliac joints; lumbar flexion 40 degrees and extension 10 degrees with pain; reflexes 2+ in upper extremities, 1+ patella, absent right Achilles and trace left Achilles; decreased sensation in the right lateral leg and bilateral posterior legs; normal sensation in upper extremities; left lower extremity strength 4/5, otherwise 5/5 extremity strength; straight leg rise negative; Patrick's maneuver negative; tenderness to right greater trochanter with normal hip range of motion and pain with external rotation. No recent diagnostic imaging studies were available for review. Previous treatment includes epidural steroid injections, facet injections, lumbar spinal fusion, three spinal cord stimulator implantations followed by removal of stimulator, physical therapy, psychotherapy, detox program, and medications to include Orphenadrine, Nexium, Gabapentin, Ropinirole, Lidoderm, Flector, Colace, Remeron, Levothyroxine, Zocor, Coreg, Pristiq ER, Trazodone, Seroquel, Isosorbide Mononitrate, Famotidine, Valium, Aspirin, D2, and Ocuvite. A request had been made for Deplin-Algal Oil 15-90.314 #90 (non-certification); Seroquel 400 mg #180 (partially certified for #30 for weaning), which were not certified in the utilization review on 8/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin-Algal Oil 15-90.314 #90: 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) Folate

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain; Clinical Measures; Medications; Vitamins (Electronically Cited).

Decision rationale: ACOEM practice guidelines specifically recommends against the use complementary and alternative treatments, or dietary supplements in the treatment of chronic pain. These alternative treatments have not been shown to produce any meaningful benefits or improvements in functional outcomes. Based on the documentation provided, there is no evidence based medicine provided to justify the medical necessity of Deplin (Algal Oil). As such, the request is not medically necessary.

Seroquel 400 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), mental illness/stress chapter, Atypical Antipsychotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG-TWC; Mental Illness & Stress (Note: these may not be covered under worker's compensation): Atypical Antipsychotics (updated 06/12/14).

Decision rationale: MTUS/ACOEM do not address anti psychotic medications. Seroquel is address by the Official Disability Guidelines under Atypical Anti psychotics and is not recommended as a first-line treatment. The guidelines state there is insufficient evidence to recommend anti psychotics for conditions covered in the ODG. The clinician fails to provide a clear indication for the utilization of this medication. As such, the request is not considered medically necessary.