MAXIMUS Federal Services

Case Number:	CM14-0157606		
Date Assigned:	09/30/2014	Date of Injury:	07/28/2005
Decision Date:	10/29/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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 has a subspecialty in Interventional Spine 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 patient is a 45-year-old male with date of injury of 07/28/2005. According to a report dated 07/14/2014, the patient complains of neck, midback, low back, right hip, left hip, right knee, and left knee pain. The patient reports frequent midback pain located on the left with no reports of radiation. He also complains of constant low back pain, which is generalized. The pain radiates to the bilateral lower extremities. He describes his pain as dull, achy, sharp, burning, shooting, and stabbing. The patient rates his current pain 7/10 and at its best 4/10. He states that pain is relieved by heat and medications. The patient reports frequent bilateral hip pain. He also complains of frequent bilateral knee pain located over the anterior knee. Examination shows no paraspinal musculature tenderness to palpation in the thoracic spine. Palpation of the lumbar spine reveals tenderness of the lumbar paravertebral muscles bilaterally. Straight leg raise is positive bilaterally. Motor examination of the lower extremity is 5/5. Sensory examination reveals diminished sensation to light touch in the L5 nerve root distribution and S1 nerve root distribution of the bilateral lower extremities, otherwise intact to light touch from L1 to S2. The utilization review denied the request on 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 B12 Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanders, SH, Harden RN, Vicente PJ. Evidence-based clinical practice guidelines for Interdisciplinary rehabilitation of chronic nonmalignant pain syndrome patients. Pain Pract 2005 Dec; 5(4): 303-15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA Vitamin B-12 Therapy

Decision rationale: This patient presents with neck, midback, low back, bilateral hip, and bilateral knee pain. The physician is requesting B12 injections. The MTUS, ACOEM and ODG Guidelines do not address this request. However, Aetna considers vitamin B-12 injections medically necessary only for patient with current or previously documented B-12 deficiency and any of the following diagnoses and conditions: anemia, gastrointestinal disorders, neuropathy, dementia secondary to B12 deficiency, Homocystinuria, etc. Administration of vitamin B-12 injections for more than 2 to 3 months is subject to review to ascertain if deficiency/abnormalities have improved and to decide whether continued treatment is medically necessary. The records show that the patient received vitamin B12 injection on 07/14/2014. The physician does not discuss the rationale behind the B12 injection. While it appears that the physician is requesting vitamin B12 for the patient's neuropathy, the patient does not meet the required specific medical diagnoses and conditions set by AETNA for this therapy. Furthermore, there is no discussion following the 07/14/2014 B12 treatment if the patient's deficiency/abnormalities have improved. Therefore, the request for 1 B12 Injection is not medically necessary and appropriate.

1 prescription of Soma 350mg , #60: 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 carisoprodol (Soma) Page(s): 21.

Decision rationale: This patient presents with neck, midback, low back, bilateral hip, and bilateral knee pain. The physician is requesting Soma 350 mg, quantity #60. The MTUS Guidelines page 21 on carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule IV controlled substance). The records show that the patient was prescribed on Soma on 07/14/2014. In this case, MTUS Guidelines does not support the long-term use of Soma. Therefore, the request for 1 prescription of Soma 350mg, #60 is not medically necessary and appropriate.

1 prescription for Oxycontin 80mg, #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, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, MTUS On-Going Management Page(s): 78, 88, 89.

Decision rationale: This patient presents with neck, midback, low back, bilateral hip, and bilateral knee pain. The treater is requesting OxyContin 80 mg, quantity #90. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient has been utilizing opioids since 02/27/2014 and was prescribed OxyContin on 07/14/2014. The physician notes on 07/14/2014 that the patient's pain is relieved by medications. However, the physician does not provide pain scales; no specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessments" as required by MTUS. There is no discussions regarding adverse side effects. However, a urine drug screen on 08/13/2014 showed consistent results with prescribed medications. In this case, given only partially met criteria, the request for 1 prescription for Oxycontin 80mg, #90 is not medically necessary and appropriate.

1 PROOVE biosciences narcotic risk lab test: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG under Pain Chapter, Genetic testing for potential opioid abuse

Decision rationale: This patient presents with neck, midback, low back, bilateral hip, and bilateral knee pain. The physician is requesting Proove Biosciences narcotic risk lab test. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on genetic testing for potential opiate abuse states that it is not recommended. While there appears to be strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics. In this case, ODG Guidelines do not support the use of genetic testing as it relates to a potential for opiate abuse. Therefore, the request for 1 PROOVE biosciences narcotic risk lab test is not medically necessary and appropriate.