

<b>Case Number:</b>	CM14-0166653		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/25/1996
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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, 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 67-year-old male with a date of injury of 04/25/1996. The listed diagnoses per [REDACTED] are major depressive disorder and major neurocognitive disorder due to traumatic brain injury. According to progress report 09/08/2014, the patient has shown significant improvement in his mood with decreased levels of depression and anxiety. He continues to stay more engaged with others at his residential care facility. Treatment plan includes continuation of weekly individual psychotherapy with goals of decreasing periods of depression, anxiety, isolation, and improving social engagement with others. Progress reports 10/16/2014 through 06/28/2014 are by [REDACTED] and all regarding patient's depression and anxiety. There is no physical examination provided. The requesting physician is [REDACTED], and he does not provide any progress reports for review. This is a request for medications. Utilization review denied the request on 09/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate Sodium 250mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

**Decision rationale:** This is a request for Docusate Sodium 250mg. The MTUS Guidelines page 76 through 78 discuss prophylactic medication for constipation when opiates are used. In this case, there is no discussion of constipation, and the reports provided for review does not document that the patient is on an opiate regimen. Therefore, this request is not medically necessary.

**Clonazepam 0.5mg:** Upheld

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

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

**Decision rationale:** The request is for Clonazepam 0.5mg. The MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long term use because long term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." In this case, the medical file provided for review does not discuss this medication. It is unclear as to when this medication was first prescribed. This medication is not intended for long term use and open ended prescription cannot be supported. Given the request is for Clonazepam 0.5 mg with no recommendation of duration of use or quantity, Therefore, this request is not medically necessary.

**Mag64 tablet (magnesium supplement):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/mt/magnesium-oxide.html](http://www.drugs.com/mt/magnesium-oxide.html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/mtm/mag-64.html](http://www.drugs.com/mtm/mag-64.html)

**Decision rationale:** This is a request for Mag 64 tablet (magnesium supplement). ACOEM, MTUS, and Official Disability Guidelines do not discuss Mag 64. Drugs.com has the following regarding Mag 64 (magnesium chloride), "Magnesium is a mineral that occurs naturally in the body and is found in certain foods. Magnesium is important for many systems in the body especially the muscle, nerves, heart, and bones. Magnesium chloride is used to treat or prevent magnesium deficiency (lack of natural magnesium in the body)." The Official Disability Guidelines under its pain chapter has the following regarding medical foods, "A food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by

medical evaluation." In this case, there is no discussion of magnesium deficiency. The provider provides no discussion as to what condition requires this nutritional supplement. Given the lack of discussion regarding the medical necessity of the supplement, Therefore, this request is not medically necessary.

**Senna:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

**Decision rationale:** The request is for Senna. The MTUS Guidelines page 76 through 78 discuss prophylactic medication for constipation when opiates are used. In this case, there is no discussion of constipation, and the reports provided for review does not indicate that this patient is on an opiate regimen. Therefore, this request is not medically necessary.

**Sam-E 400mg (supplement):** 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 Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 491. Decision based on Non-MTUS Citation [www.mayoclinic.org/drugs-supplements](http://www.mayoclinic.org/drugs-supplements)

**Decision rationale:** The request is for SAM-E 400mg supplement. The ACOEM, MTUS, and Official Disability Guidelines do not discuss this supplement. Mayoclinic.org has the following regarding SAM-E, "SAME-E is made in the body from a reaction between methionine, which is an essential amino acid, and adenosine triphosphate, a molecule that carries energy." SAM-E is used to treat psychiatric illnesses, infertility, liver problems, premature disorders, and musculoskeletal conditions. In this case, the patient suffers from chronic depression. However, the provider provides no discussion as to the medical necessity of this medication. The medical guidelines do not provide any discussion to support this supplement for this patient's medical condition. ACOEM guidelines has the following regarding evidence based medicine on page 491: "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." In this case, there is yet adequate evidence to support this supplement in the treatment of depression/anxiety. Therefore, this request is not medically necessary.

**Cosamin DS tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The request is for Cosamin DS tablets. Cosamin DS includes Chondroitin and Glucosamine. For Glucosamine, the MTUS Guidelines page 50 has the following, "recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline Glucosamine Sulfate (GS), on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for Glucosamine Hydrochloride." In this case, medical records do not document any arthritic knee conditions. Therefore, this request is not medically necessary.

**Vitamin B-12 100mcg:** 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 Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Vitamin B-12 Therapy Number: 0536

**Decision rationale:** The request is for Vitamin B12 100 mcg. The ACOEM, MTUS do not discuss Vitamin B but Official Disability Guidelines states, "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear." AETNA Guidelines discuss vitamin B12 therapy for medical conditions and considers it for anemia, GI disorders, neuropathy due to malnutrition/alcoholism/pernicious anemia/posterolateral scoliosis. In this case, it does not appear that vitamin B12 is supported for chronic pain, peripheral neuropathy depression or anxiety. Therefore, this request is not medically necessary.

**Melatonin:** 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 Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

**Decision rationale:** The provider is requesting melatonin. The ACOEM and MTUS Guidelines are silent on melatonin. Official Disability Guidelines under its mental illness and stress chapter has the following regarding melatonin, "Recommended as an option. See the Head Chapter, where melatonin is recommended in treating sleep disorder post-TBI." Official Disability Guidelines states that Melatonin is more effective than placebo for migraine prevention and is it also supported for the use of sleep issues. In this case, there is no discussion regarding sleep issues or migraines to warrant the use of Melatonin. Therefore, this request is not medically necessary.

**Lansoprazole 15mg:** 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 Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request is for Lansoprazole 15 mg. The MTUS Chronic Pain Medical Treatment Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The medical file provided for review provides no discussion as to why this medication is prescribed. In this case, there is no indication that the patient is taking NSAID to consider the use of Omeprazole. Furthermore, the provider provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Therefore, this request is not medically necessary.