MAXIMUS Federal Services

Case Number:	CM14-0183617		
Date Assigned:	11/07/2014	Date of Injury:	06/12/1995
Decision Date:	12/15/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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, Spinal Cord Injury, and is licensed to practice in New York. 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 52-year-old male who reported injury on 06/13/1995 due to cumulative trauma. His diagnoses include depressive disorder, paralytic syndrome, myopathy, postlaminectomy syndrome of the lumbar region, and drug dependence. His past treatment included a commode, shower chair, Tempurpedic bed, powered wheelchair, trapezius bar, transfer bench, home health care, home health aide, surgery, medications, physical therapy, and occupational therapy. The clinical note dated 05/06/2014 indicated the injured worker had completed treatment for bladder carcinoma and as a result of his spasticity, he had developed increasing contracture of both feet with inversion of the ankle, left greater than right. Upon physical examination, he was noted to be in a wheelchair, had increased dental decay, weight gain, mild upper extremity weakness, severe spasticity and hyperreflexia in both lower extremities, ankle contractures, and was positive for Babinski's bilaterally. The home health note dated 10/17/2014 indicated the injured worker had assistance with activities of daily living and is bed bound. His current medications include OxyContin 60 mg 3 times a day, baclofen 10 mg, tizanidine 6 mg, Lyrica 100 mg, vitamin B complex, and clonidine 0.1 mg since at least 05/06/2014. The treatment plan included narcotic therapy, home therapy sessions for the contractures as well as orthotics with ankle contracture boots. In addition, the treatment plan included a request for consultation with prosthesis, request for dental treatment, request for an orthopedic mattress and electric bed, continue OxyContin, renew baclofen and tizanidine for spasticity and continue Lyrica. A request was received for vitamin B complex 1 cc #1 and clonidine 0.1 mg #30. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B Complex 1cc #1;: 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), Treatment Index, 11 Edition (web) , 2014, Pain, Vitamin B

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin B

Decision rationale: According to the Official Disability Guidelines, vitamin B is not recommended for the treatment of chronic pain. However, it is used for treating peripheral neuropathy but its efficacy is not clear. Furthermore, there is limited data in regard to the efficacy of vitamin B for treating peripheral neuropathy and insufficient evidence to determine whether vitamin B is beneficial or harmful. The injured worker was noted to have chronic cervical and low back pain. The documentation failed to provide evidence pertaining to neuropathic pain and neuropathic signs or symptoms. Based on the lack of an assessment of neuropathic pain with signs and symptoms and the guidelines stating vitamin B is not recommended for treatment of chronic pain, the request is not supported by the guidelines. In addition, the request failed to provide a frequency. As such, the request for vitamin B complex 1 cc #1 is not medically necessary.

Clonidine 0.1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines do not address: RxList.com. (2014). Catapres. Indications. Retrieved December 10, 2014 from: http://www.rxlist.com/catapres-drug/indications-dosage.htm.

Decision rationale: According to RxList.com, Catapres (clonidine hydrochloride, USP) tablets are indicated in the treatment of hypertension and may be employed alone or concomitantly with other antihypertensive agents. In addition, Clonidine tablets must be adjusted according to the patient's individual blood pressure response. The injured worker was noted to have chronic cervical and low back pain and to have been on Clonidine since at least 05/06/2014. However, documentation failed to provide history of the injured worker's blood pressure values to include the dates taken, diastolic or systolic values to indicate hypertension and the efficacy from previous use. Based on the lack of evidence pertaining to the injured worker blood pressure values or any efficacy from previous use, the request is not supported by the guidelines. In addition, the request failed to provide a frequency. As such, the request for Clonidine 0.1mg #30 is not medically necessary.