

Case Number:	CM14-0048000		
Date Assigned:	08/08/2014	Date of Injury:	10/22/1999
Decision Date:	05/21/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female, who sustained an industrial injury on 10/22/1999. The current diagnoses include chronic post-traumatic pain state, carpal tunnel syndrome, fibromyalgia, depression with anxiety, insomnia, gastroesophageal reflux disease, iron deficiency anemia and pre-diabetes. Treatment to date has included oral pain medication and surgery. In a progress note dated 03/11/2014, the physician noted that the injured worker reported severe bilateral burning knee pain with squatting. Objective findings were documented as within normal limits. Several requests for authorization of medication refills were made. The injured worker's medication regimen included Savella, trazodone, metformin, hydroxyzine, Synthroid, baclofen, hydrocodone 7.5/500 mg, alprazolam, Amitiza, fluticasone, Sinex, vitamin D, Biotin, vitamin B6 and B12, folic acid, omega fatty acids, Protonix, Senokot, Vesicare, and Allegra D. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line options for short term treatment of acute exacerbations. In this case, there was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for the ongoing use of a muscle relaxant has not been established. The guidelines do not support long term use of muscle relaxants. There was also no frequency listed in the request. Given the above, the request is not medically necessary.

Alprazolam 1mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long term efficacy is unproven, and there is a risk of dependence. While it is noted that the injured worker does maintain a diagnosis of anxiety, there is no mention of functional improvement as a result of the ongoing use of this medication. The guidelines do not support long term use of benzodiazepines. There is also no frequency listed in the request. As such, the request is not medically necessary.

Fluticasone 50mcg #1 Inhaler: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 April 2015.

Decision rationale: According to the US National Library of Medicine, fluticasone nasal spray is used to relieve sneezing, runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other allergies. In this case, the injured worker does not appear to meet criteria for the requested medication. There is no mention of any signs or symptoms suggestive of an allergy. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Sinex Decongestant Spray #1 Bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 April 2015. Oxymetazoline Nasal Spray.

Decision rationale: According to the US National Library of Medicine, Sinex nasal spray is used to relieve nasal discomfort caused by colds, allergies and hay fever. In this case, there is no indication that this patient is suffering from a cold, allergies, or hay fever. There are no signs and symptoms suggestive of sinus congestion or pressure. The injured worker is also currently prescribed fluticasone 50 mcg spray. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Vitamin D3 1000IU #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines do not recommend vitamin D for the treatment of chronic pain. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin D deficiency. In this case, there is no indication that this injured worker currently suffers from a vitamin D deficiency. There were no recent laboratory studies provided. As the medical necessity has not been established, the request cannot be determined as medically appropriate. In addition, there is no frequency listed in the request. Given the above, the request is not medically necessary.

Biotin 7500, Cg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 April 2015. Biotin. Biotin is a vitamin that is found in small amounts in numerous foods.

Decision rationale: According to the US National Library of Medicine, Biotin is used for preventing and treating Biotin deficiency associated with pregnancy, long term tube feeding, malnutrition, and rapid weight loss. It is also used orally for hair loss, brittle nails, skin rash in infants, diabetes, and mild depression. It is noted that the injured worker currently maintains a diagnosis of prediabetes. However, the medical rationale for the requested medication was not provided. There is also no frequency listed in the request. As such, the request is not medically necessary.

Folic Acid 800 mcg/day #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 April 2015. Folic acid.

Decision rationale: According to the US National Library of Medicine, folic acid is a B vitamin that helps the body to make healthy new cells. In this case, there is no documentation of a vitamin B deficiency. The medical necessity for the requested medication has not been established in this case. As such, the request is not medically necessary.

Total EPA & DHA Daily/Day #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Omega-3 fatty acids (EPA/DHA).

Decision rationale: According to the Official Disability Guidelines, Omega 3 fatty acids (EPA/DHA) are recommended for treatment of certain cardiovascular conditions. This medication also has beneficial effects seen in treatment of rheumatoid arthritis. In this case, there is no documentation of a cardiovascular disease. The injured worker does not maintain a diagnosis of rheumatoid arthritis. The medical necessity for the requested medication has not been established in this case. As such, the request is not medically necessary.

Omega-3 Fatty Acids 1200mg fish oil 600mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Omega-3 fatty acids (EPA/DHA).

Decision rationale: According to the Official Disability Guidelines, Omega 3 fatty acids (EPA/DHA) are recommended for treatment of certain cardiovascular conditions. This medication also has beneficial effects seen in treatment of rheumatoid arthritis. In this case, there is no documentation of a cardiovascular disease. The injured worker does not maintain a diagnosis of rheumatoid arthritis. The medical necessity for the requested medication has not been established in this case. As such, the request is not medically necessary.

Vesicare 5mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 April 2015. Solifenacin.

Decision rationale: According to the US National Library of Medicine, Vesicare is used to treat overactive bladder. The injured worker does not maintain a diagnosis of overactive bladder. The medical rationale for the requested medication was not provided. There is also no frequency or quantity listed in this request. Given the above, the request is not medically necessary.

Allegra D (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 April 2015. Fexofenadine.

Decision rationale: According to the US National Library of Medicine, Allegra is used to treat the allergy symptoms of seasonal allergic rhinitis, including runny nose, sneezing, red, itchy, or water eyes, or itching of the nose, throat, or roof of the mouth. The injured worker does not exhibit any signs or symptoms suggestive of seasonal allergic rhinitis. The medical necessity for the requested medication has not been established. There is also no strength, frequency, or quantity listed in the request. Given the above, the request is not medically necessary.

B12 1000mcg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines do not recommend vitamin B for the treatment of chronic pain. B vitamins and vitamin B complex are not recommended unless they are associated with documented vitamin deficiency. In this case, there is no documented evidence of a vitamin B deficiency. The medical necessity for the requested medication has not been established. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

B6 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines do not recommend vitamin B for the treatment of chronic pain. B vitamins and vitamin B complex are not recommended unless they are associated with documented vitamin deficiency. In this case, there is no documented evidence of a vitamin B deficiency. The medical necessity for the requested medication has not been established. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.