

Case Number:	CM15-0128608		
Date Assigned:	07/15/2015	Date of Injury:	12/16/2002
Decision Date:	09/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 61-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 16, 2002. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve requests for vanadium granules, Folate, Elavil, Cyclobenzaprine, Trazodone, and a Kenalog cream. The claims administrator referenced a progress note of June 9, 2015 in its determination. The applicant's attorney subsequently appealed. On May 20, 2015, the applicant reported ongoing complaints of neck and low back pain status post multiple spine surgeries. The applicant was on methadone and Lyrica, it was suggested. The applicant was asked to consult a pain management physician and/or consider an intrathecal pain pump implantation. The applicant's work status was not detailed, although it did not appear that the applicant was working. On May 7, 2015, the applicant presented to the emergency department to obtain a prescription for methadone. The applicant apparently contended that his former treating provider had had his prescribing practices revoked and that he was therefore presenting to the emergency department to obtain medications. On May 4, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant had superimposed issues with diabetes present, it was reported. The applicant's BMI was 29. Analgesic medication selection and/or efficacy were not seemingly discussed or detailed on this date. On June 9, 2015, the applicant reported ongoing complaints of low back and left leg pain. The applicant had issues with claustrophobia and diabetes superimposed on back and hip pain complaints, it was reported. The applicant's BMI was 31, it was further noted. Little-to-no seeming discussion of medication efficacy transpired. At the bottom of the note, the attending

provider stated that he was prescribing vanadium granules, Folate, Elavil, Glyburide, Nexium, Flexeril, Desyrel, Kenalog cream, Pioglitazone, Lantus, insulin, and Mobic. It was not explicitly stated for what diagnosis these medications were being prescribed. No seeming discussion of medication efficacy transpired. The note contained little in the way of narrative commentary. It appeared (but was not clearly stated) that the medications in question represented a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vanadium 100% granules one gram as needed, 60 grams with ten refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

Decision rationale: The request for vanadium granules is not medically necessary, medically appropriate, or indicated here. Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain. Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I). The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, it was not clearly stated precisely what the vanadium granules represented, although the request was seemingly framed as a request for a dietary supplement of some kind. While the MTUS does not specifically address the topic of dietary supplements, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as the vanadium granules at issue are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. Here, the attending provider failed to furnish a clear or compelling rationale for usage of vanadium granules, i.e., a dietary supplement, in the face of the unfavorable ACOEM position on the same. The attending provider did not, furthermore, clearly or explicitly state on the June 2015 progress note at issue as to whether or not ongoing usage of vanadium granules was or was not proving effective for whatever purpose it was being employed. Therefore, the request is not medically necessary.

Folic acid 100% powder, one gram daily, 30 grams with ten refills: 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pages 927 and 151 Cervical and Thoracic Spine Disorders.

Decision rationale: Similarly, the request for folic acid, a vitamin, is not medically necessary, medically appropriate, or indicated here. 1. Recommendation: Vitamins for Chronic Pain
Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. Strength of Evidence Not Recommended, Insufficient Evidence (I). Vitamins: Vitamins have been used to treat essentially all disorders. There has been particular interest in anti-oxidants; however, it should be noted that all anti-oxidants are simultaneously pro-oxidants, 484, 485 thus evidence of potential harm from vitamins, particularly vitamins A, E, and most recently folate is accumulating. The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins such as folate are not recommended in the treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. Here, there was no mention of the applicant's carrying a bona fide diagnosis of folic acid deficiency on or around the date in question. The Third Edition ACOEM Guidelines Cervical and Thoracic Spine Chapter also notes that evidence of potential harm associated with vitamin usage, including folate, is accumulating. Here, the attending provider failed to furnish a clear or compelling rationale for provision of folic acid/folate, a vitamin, in the face of the unfavorable ACOEM position on the same and in the face of the fact that the applicant did not seemingly carry a diagnosis of folic acid deficiency. Therefore, the request is not medically necessary.

Amitriptyline 25 mg, thirty count with ten refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Amitriptyline; Functional Restoration Approach to Chronic Pain Management Page(s): 13; 7.

Decision rationale: Similarly, the request for Elavil (amitriptyline), a tricyclic antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline (Elavil), a tricyclic antidepressant, is recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the June 9, 2015 progress note at issue failed to incorporate any discussion of medication efficacy. There was no mention of whether or not ongoing usage of amitriptyline (Elavil) had or had not proven effective here. The applicant's work and functional status were not clearly described or characterized on June 9, 2015, suggesting that the applicant was not, in fact, working. Ongoing usage of amitriptyline (Elavil) failed to curtail the applicant's dependence on analgesic medications such as Mobic and/or anxiolytic medications such as Ativan. All of the foregoing, taken together, suggested a lack of

functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Cyclobenzaprine 10 mg, ninety count with ten refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including dietary supplements such as vanadium, vitamins such as folate, antidepressants such as trazodone and Elavil, etc. Addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet, 10-refill supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Trazodone 100 mg, sixty count with ten refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: Similarly, the request for trazodone, an atypical antidepressant, is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as trazodone often take "weeks" to exert their maximal effect, here, however, the request for trazodone was framed as a renewal or extension request for the same. However, the attending provider's June 9, 2015 progress note failed to incorporate any discussion of medication efficacy insofar as trazodone (or other drug) was concerned. There was no mention of whether or not ongoing usage of trazodone had or had not augmented the applicant's mood, ameliorated the applicant's sleep, etc. The presence or absence of functional improvement in terms of parameters established in MTUS 9792.20e was not clearly described or characterized. Therefore, the request is not medically necessary.

Triamcinolone acetonide 0.1% cream, 454 grams with ten refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine, Triamcinolone.

Decision rationale: Finally, the request for a triamcinolone cream is likewise not medically necessary, medically appropriate, or indicated here. Triamcinolone relieves redness, itching, swelling, or other discomfort caused by skin conditions. This medicine is a corticosteroid (cortisone-like medicine or steroid). The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendation so as to ensure proper usage and so as to manage expectations. Here, however, it was not clearly stated for what issue, diagnosis, and/or purpose topical triamcinolone had been prescribed. While the National Library of Medicine (NLM) does acknowledge that triamcinolone cream can be employed to relieve redness, itching, swelling, and/or other discomfort caused by skin conditions, here, however, the attending provider did not identify the skin condition for which triamcinolone (Kenalog) had been prescribed on his June 4, 2015 progress note, nor did the attending provider state whether or not ongoing usage of triamcinolone had or had not proven effective in ameliorating the same. Therefore, the request is not medically necessary.