

Case Number:	CM15-0144419		
Date Assigned:	08/05/2015	Date of Injury:	09/28/2001
Decision Date:	10/08/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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, Illinois

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 injured worker is a 59 year old male, who sustained an industrial injury on September 28, 2001. He's been diagnosed of lumbosacral neuritis, cervicobrachialgia and cervical radiculopathy. He underwent a cervical discectomy and cervical fusion. Treatment included pain medications, sleep aides, topical analgesic ointments and creams and modified activities. Currently, the injured worker complained of cervical spasms, neck pain, headaches and lower back pain. He was noted to have decreased sensitivity, limited range of motion, tenderness and spasms of the upper and lower back. The treatment plan that was requested for authorization included retrospective prescriptions for Cyan cobalamin, Eszopiclone, Hydrocodone, Levofloxacin, Montelukast and Levothyroxine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyanocobalamin 1000 mcg DOS: 03/18/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.picmed.com/spascrvices/medical-weight-loss/lipoplex/>.

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

Decision rationale: The injured worker sustained a work related injury on September 28, 2001. He has been diagnosed of lumbosacral neuritis, cervicobrachialgia and cervical radiculopathy. He underwent a cervical discectomy and cervical fusion. Treatment included pain medications, sleep aides, topical analgesic ointments and creams and modified activities. The medical records provided for review do not indicate a medical necessity for Cyanocobalamin 1000 mcg DOS: 03/18/15. The MTUS is silent on the topic. Epocrates online identifies Cyanocobalamin as Vitamin B-12, and is used in treatment of pernicious anemia, Vitamin B-12 Deficiency, used as a dietary supplement. The Official Disability Guidelines does not recommend vitamins for the treatment of chronic pain unless this is associated with documented vitamin deficiency. The medical records indicate the injured worker has been on this medication at least since 2013, but the injured worker has not been diagnosed of any of the listed uses of the medication. The request is not medically necessary.

Retro: Eszopiclone 3mg DOS: 04/22/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47(1203).

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 & Stress, Eszopiclone (Lunesta).

Decision rationale: The injured worker sustained a work related injury on September 28, 2001. He's been diagnosed of lumbosacral neuritis, cervicobrachialgia and cervical radiculopathy. He underwent a cervical discectomy and cervical fusion. Treatment included pain medications, sleep aides, topical analgesic ointments and creams and modified activities. The medical records provided for review do not indicate a medical necessity for Retro: Eszopiclone 3mg DOS: 04/22/15. The medical records indicate the injured worker has been using this medication at least since September, 2014. Eszopiclone (Lunesta) is a hypnotic. The MTUS is silent on it, but the Official Disability Guidelines recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The request is not medically necessary.

Retro: Hydrocodone / APAP 10/325 mg DOS: 03/23/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on September 28, 2001. He's been diagnosed of lumbosacral neuritis, cervicobrachialgia and cervical radiculopathy. He underwent a cervical discectomy and cervical fusion. Treatment included pain medications, sleep aides, topical analgesic ointments and creams and modified activities. The medical records provided for review do not indicate a medical necessity for Retro: Hydrocodone / APAP 10/325 mg DOS: 03/23/15. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 01/2013, but with no overall improvement. The requested treatment is not medically necessary.

Retro: Levofloxacin 500mg DOS: 03/16/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult last updated 11/25/2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases Levofloxacin (Levaquin®) and Other Medical Treatment Guidelines Epocrates, <https://online.epocrates.com/u/10a862/Levaquin>.

Decision rationale: The injured worker sustained a work related injury on September 28, 2001. He's been diagnosed of lumbosacral neuritis, cervicobrachialgia and cervical radiculopathy. He underwent a cervical discectomy and cervical fusion. Treatment included pain medications, sleep aides, topical analgesic ointments and creams and modified activities. The medical records provided for review do not indicate a medical necessity for Retro: Levofloxacin 500mg DOS: 03/16/15. The MTUS is silent on it, but the Official Disability Guidelines and Epocrates online identify this medication as an antibiotic used in the treatment of infections. Uses include treatment of exacerbation, pneumonia, community-acquired and several other infections. The medical records indicate the injured worker has been using Levofloxacin 500mg since 01/2013. The injured worker has not been diagnosed of any infection. The request is not medically necessary.

Retro: Levofloxacin 750mg DOS: 01/02/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult last updated 11/25/2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases Levofloxacin (Levaquin®) and Other Medical Treatment Guidelines Epocrates Online <https://online.epocrates.com/u/10a862/Levaquin>.

Decision rationale: The injured worker sustained a work related injury on September 28, 2001. He's been diagnosed of lumbosacral neuritis, cervicobrachialgia and cervical radiculopathy. He underwent a cervical discectomy and cervical fusion. Treatment included pain medications, sleep aides, topical analgesic ointments and creams and modified activities. The medical records provided for review do not indicate a medical necessity for Levofloxacin 750mg DOS: 01/02/15. The MTUS is silent on it, but the Official Disability Guidelines and Epocrates online identify this medication as an antibiotic used in the treatment of infections. Uses include treatment of exacerbation, pneumonia, community-acquired and several other infections. The medical records indicate the injured worker has been using Levofloxacin 750mg since 02/17/2014. The injured worker has not been diagnosed of any infection. The request is not medically necessary.

Retro: Montelukast 10mg DOS: 05/28/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Singulair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic)Montelukast (Singulair®) and Other Medical Treatment Guidelines Epocrates<https://online.epocrates.com/u/10a1239/Singulair>.

Decision rationale: The injured worker sustained a work related injury on September 28, 2001. He's been diagnosed of lumbosacral neuritis, cervicobrachialgia and cervical radiculopathy. He underwent a cervical discectomy and cervical fusion. Treatment included pain medications, sleep aides, topical analgesic ointments and creams and modified activities. The medical records provided for review do not indicate a medical necessity for Retro: Montelukast 10mg DOS: 05/28/15. The MTUS is silent on this medication. The Official Disability Guidelines states it is under study as a first-line choice for asthma; Epocrates online identifies it as a medication that is used in the treatment of Asthma and other bronchospasm, exercise-induced, or allergic rhinitis. The medical records indicate long term use of this medication, but there is no indication from the documents reviewed that the injured worker suffers from any of these problems. The request is not medically necessary.

Retro: Levothyroxine 100 mcg DOS: 03/03/15: 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 last updated 01/14/2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epocrates<https://online.epocrates.com/u/10a1266/Synthroid?mode=MultiBrand&src=PK>.

Decision rationale: The injured worker sustained a work related injury on September 28, 2001. He's been diagnosed of lumbosacral neuritis, cervicobrachialgia and cervical radiculopathy. He underwent a cervical discectomy and cervical fusion. Treatment included pain medications,

sleep aides, topical analgesic ointments and creams and modified activities. The medical records provided for review do not indicate a medical necessity for Retro: Levothyroxine 100 mcg DOS: 03/03/15. The MTUS and the Official Disability Guidelines are silent on this medication, but Epocrates online identifies it a medication use in treatment of hypothyroidism or for suppression of Thyroid Stimulating Hormone. The medical records do not indicate the injured worker suffers from either hypothyroidism, or any disorder requiring suppression of Thyroid Stimulating Hormone. The request is not medically necessary.