

Case Number:	CM15-0169594		
Date Assigned:	10/01/2015	Date of Injury:	07/23/2008
Decision Date:	11/09/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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: New York
 Certification(s)/Specialty: Internal 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:

This is a 66-year-old male who sustained an industrial injury on 7-23-2008. A review of the medical records indicates that the injured worker is undergoing treatment for memory loss, malaise and fatigue, mild cognitive impairment, insomnia, anxiety, pain in joint involving pelvic region and thigh, spinal stenosis of lumbar region with neurogenic claudication and post traumatic stress disorder. According to the progress report dated 8-3-2015, the injured worker complained of chronic, severe headache, face and neck pain with spasm. He also complained of progressively worsening pain and fatigue in the low back, buttocks and lower extremities with standing and walking for more than 5 minutes. He rated his pain 2 out of 10 on a good day and 8 out of 10 on a bad day. The physical exam (8-3-2015) revealed a depressed mood. The injured worker had expressive aphasia. There was tenderness to palpation of the cervical spine. Treatment has included a Functional Restoration Program and medications. Current medications (8-3-2015) included Nuvigil, Trileptal, Deplin and Cymbalta. The request for authorization dated 8-5-2015 was for a fibromyalgia panel. The original Utilization Review (UR) (8-11-2015) denied a request for a Fibromyalgia panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fibromyalgia panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard textbooks of medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Patients with fibromyalgia do not have characteristic or consistent abnormalities on laboratory testing. However, routine laboratory and imaging studies are important to help rule out diseases with similar manifestations and to assist in diagnosis of certain inflammatory diseases that frequently coexist with fibromyalgia. In addition to complete blood cell (CBC) count and differential count, basic metabolic panel, and urinalysis, the following limited evaluation is reasonable: Thyroid-stimulating hormone: Hypothyroidism shares many clinical features with fibromyalgia, especially diffuse muscle pain and fatigue, 25-Hydroxy vitamin D level: Low levels can cause muscle pain and tenderness, Vitamin B-12 level: Very low levels can cause pain and fatigue, Iron studies including iron, total iron binding capacity, percent saturation, and serum ferritin: Low levels can cause fatigue and can lead to poor sleep and depressive symptoms; for patients with restless legs syndrome, percent saturation should be maintained above 20% and serum ferritin should be kept above 50 ng/mL, Magnesium: Low levels can lead to muscle spasms, which are common in fibromyalgia patients; magnesium supplementation can also improve symptoms in some fibromyalgia patients; recommended magnesium levels in fibromyalgia patients are at least 2 mEq/L. In this case, there is no specific documentation that the patient has a diagnosis of fibromyalgia. Medical necessity for the requested studies is not established. The requested studies are not medically necessary.