

Case Number:	CM15-0093400		
Date Assigned:	05/19/2015	Date of Injury:	06/08/2005
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/14/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 60-year-old female with an industrial injury dated 06/08/2005 resulting in psychiatric issues and work related hypertension. Her diagnoses included prolonged post-traumatic stress, benign hypertension, unspecified sleep disturbance and morbid obesity. Prior treatment includes medications and psychiatric treatment. She presents on 03/25/2015 for insomnia and depression. She complains of fatigue and daytime somnolence. She also notes 100-pound weight gain. She rates her sleep problems as severe. Physical exam notes she is relaxed, awake and alert, understands questions and responds appropriately. Treatment plan included Hydrocodone, Magnesium, and Ocuville and sleep study. Other requested medications included Amlodipine, Benicar, Effexor XR, Janumet, Metoprolol Succinate, Metoprolol Tartrate and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. 2015 online edition. Polysomnography.

Decision rationale: MTUS guidelines do not address indications for sleep studies. Therefore, the ODG was referenced. The ODG states "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep- promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option." Regarding this patient's case, there is no documentation of this patient's insomnia being unresponsive to behavioral intervention and sleep promoting medications. It is also unclear if she has undergone psychological testing to determine if her insomnia is related to her psychiatric problems. Likewise, this request is not considered medically necessary.

Effexor XR 75 MG with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 45 of 127..

Decision rationale: MTUS guidelines state regarding Effexor, "Effexor is the brand name for venlafaxine, and it is supplied by [REDACTED]. Venlafaxine is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). See Venlafaxine (Effexor)." Regarding this patient's case, this patient was recently started on Effexor to help control Anxiety. Documentation suggests that this medication is helping. Utilization review approved continuation of Effexor with a modification to only a few refills (not the 5 requested refills) so that the patient may follow up with the office in a shorter period of time to determine continued efficacy. This approach is reasonable. Likewise, the requested Effexor medication with 5 refills is not considered medically necessary.

Hydrocodone/APAP 10/325 MG with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case,

there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Ocuvite with Lutein with 5 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ocuvite. Drugs. Com [http://www.drugs.com/drp/ocuvite-
vitamin-and-mineral-supplement.html](http://www.drugs.com/drp/ocuvite-
vitamin-and-mineral-supplement.html).

Decision rationale: MTUS, ACOEM, and ODG guidelines do not specifically address the prescription of Ocuvite. This medication is specifically formulated to provide nutritional support for the eye. From the documentation provided in this patient's case, it is unclear for what condition she is taking an ocular nutritional supplement. It is also unclear as to how this is related to her worker's compensation claim. Without additional documentation, this request does not appear to be medically necessary.

Magnesium 250 MG with 5 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed. Ther Adv Drug Saf. 2013 Jun; 4(3): 125-133. doi: 10.1177/2042098613482484PMCID: PMC4110863 Proton pump inhibitors and risk of vitamin and mineral deficiency: evidence and clinical implications Joel J. Heidelbaugh corresponding author.

Decision rationale: Apparently, a magnesium supplement is being prescribed in order to combat possible Hypomagnesemia from this patient's PPI (Proton Pump Inhibitor) medication. However, there is no actual documentation that this patient has low magnesium levels. A review of the literature shows that there is an established link between Hypomagnesemia and PPI use, but it is very rare. Only about 30 cases have been reported in the literature. A 2013 PubMed article states the following: "Hypomagnesemia secondary to chronic PPI therapy is now a well-documented yet still rare phenomenon, as to date there is no widely accepted mechanism to explain such an association. One researcher posited that it may occur in cases of "poor metabolizers" of PPIs, but this has been disproven [Hoorn et al. 2010]. Hypomagnesemia has been documented with all PPIs that are biochemically substituted." It is not the standard of care to routinely provide magnesium supplementation to patients that are on PPIs. Likewise, without more compelling documentation to make an exception, this request is not considered medically necessary.