

Case Number:	CM13-0050039		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2007
Decision Date:	02/27/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture, Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old female injured worker with date of injury 9/22/07 with related neck, back, upper extremity pain, and lower extremity pain. In 7/2010 she underwent bilateral L5-S1 laminotomy, medial facetomy and a decompression of exiting L5 nerve and traversing S1 nerve; left-sided microdiscectomy L5-S1. Lumbar MRI performed 8/9/13 revealed multilevel lumbar spondylosis, most pronounced at the L4 -5 level, where there is a broad based disc bulge accompanied by a central annular tear and moderate bilateral ligamentum flavum hypertrophic resulting in mild central canal stenosis, as well as moderate left-sided and mild right-sided neuroforaminal narrowing. Neuroforaminal narrowing also noted at the L5-S1 level as described. She has been treated with epidural injections, radiofrequency ablation, surgery, physical therapy, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ensure high protein qty 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://consensus.nih.gov/2006/multivitaminstatement.htm#q4>.

Decision rationale: The MTUS is silent on the use of multivitamin mineral supplements. Per <http://consensus.nih.gov/2006/multivitaminstatement.htm#q4>, "Most of the studies we examined do not provide strong evidence for beneficial health-related effects of supplements taken singly, in pairs, or in combinations of 3 or more." The documentation submitted for review does not establish the medical necessity of supplementation for the injured worker. As such, the request is not medically necessary.

Valium 5mg qty 30: Upheld

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

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

Decision rationale: MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Review of the submitted medical records indicates the injured worker has been using this medication since 9/4/13. The documentation does not support the efficacy of this medication with subjective and/or functional benefit as a result of its use; additionally, it has been in use longer than 4 weeks. The request is not medically necessary.

Medrox patches qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The Medrox patch contains capsaicin, methyl salicylate, and menthol. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated.

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain procedure summary, urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Urine drug testing.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Per 10/4/13 note, the injured worker is at high risk for abuse and addiction per ACOEM guideline, due to her history of narcotic use and the history of anxiety and depression. Toxicology screening from 5/16/13 did not show Norco though it was prescribed to the claimant. The injured worker underwent urine toxicology screening 9/19/13. Results were inconsistent; barbiturates were detected though not expected with prescribed medications. Repeat testing was performed 10/2/13 with consistent findings. Per ODG guidelines, "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioids changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology." In light of errant results through the last year, regular testing is advised. The request is medically necessary.