MAXIMUS Federal Services

Case Number:	CM13-0012020		
Date Assigned:	06/09/2014	Date of Injury:	04/20/2001
Decision Date:	08/12/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, neck pain, bilateral shoulder, and bilateral arm pain reportedly associated with an industrial injury of April 20, 2001.Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; multiple lumbar spine surgeries; opioid therapy; topical agent; and a spinal cord stimulator.In a Utilization Review Report dated July 22, 2013, the claims administrator prospectively denied a Toradol injection, prospectively denied vitamin B12 injection, denied a urinalysis, denied transportation to and from office visits, denied topical compounds, and approved cyclobenzaprine.The applicant's attorney subsequently appealed.In a psychiatric medical-legal evaluation of August 29, 2013, the applicant suggested that he had been fired by his former employer and was no longer working. The applicant also had worsened mental health issues associated with the recent demise of his wife, it was stated. The applicant was using Norco, Neurontin, Cartivisc, Xanax, Flexeril, Fioricet, Celebrex, Prilosec, Restoril, and Benadryl, it was stated. The applicant was given a Global Assessment of Functioning of 57 with resultant 20% whole-person impairment rating.On July 23, 2013, the applicant was given a variety of psychotropic medications, including Risperdal, Effexor, Restoril, Sentra, Klonopin, and Xanax. The applicant was depressed and tearful. The applicant was using Neurontin and gabapentin for reporting increasing pain.On June 19, 2013, the applicant presented with persistent complaints of low back pain radiating into bilateral lower extremities. The applicant was given a shot of Toradol and a shot of vitamin B12 in the clinic setting. A variety of topical compounds, Flexeril, Neurontin, and Norco are provided. The applicant was described as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) IM INJECTION OF 2CC TORADOL BETWEEN 6/19/2013 AND 9/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac section Page(s): 72. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11.

Decision rationale: While the MTUS does not address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. Similarly, the Third Edition ACOEM Guidelines Chronic Pain Chapter likewise notes that a single dose of ketorolac is a useful option to a single moderate dose of opioids for the management of applicants presenting to the emergency department with severe musculoskeletal low back pain. Thus, neither the MTUS nor ACOEM endorse usage of Toradol for chronic pain but rather reserve usage of injectable Toradol for severe pain conditions or pain complaints. In this case, however, the applicant seemingly underwent Toradol injection on an office visit of June 19, 2013 on a routine, scheduled basis for chronic pain purposes. This was not appropriate, indicated, or supported either by ACOEM or the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

ONE (1) IM INJECTION OF VITAMIN B12 COMPLEX BETWEEN 6/19/2013 AND 9/7/2013: 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 Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamin section.

Decision rationale: The MTUS does not address the topic of vitamin B12 injections. However, as noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, vitamins are "not recommended" for the treatment of chronic pain in the absence of documented nutritional deficits or nutritional deficiencies. In this case, the applicant does not have a laboratory confirmed vitamin B12 complex deficiency. The vitamin B12 injection performed on June 19, 2013 was not, consequently, indicated. Therefore, the request was not medically necessary.

ONE (1) URINALYSIS BETWEEN 6/19/2013 AND 6/19/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: Based on commentary made by the attending provider, the request seemingly represented a request for urine drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly attach a list of those drug tests and/or drug panels which he is testing for to the request for authorization for testing. An attending provider should also state when the last time an applicant was tested and also attach the applicant's complete medication list to the request for testing. In this case, however, these criteria were not met. The attending provider did not state what drug tests or drug panels he intended to test for. The attending provider did not state when the last time the applicant was tested. The attending provider did not attach the applicant's complete medication list to the request for testing. Therefore, the urinalysis/urine drug testing performed on June 19, 2013 was not medically necessary.

ONE (1) PRESCRIPTION OF FLURIFLEX CREAM 180GM #1: 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 topic Page(s): 111-113.

Decision rationale: One of the ingredients in the cream is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

TRANSPORTATION TO AND FROM ALL OFFICE VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to keep medical appointments. Thus, transportation to and from office visits, the service reportedly being sought here is, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

ONE (1) PRESCRIPTION OF TGHOT CREAM 3 180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents or topical compounds such as the TG hot cream at issue here. Therefore, the request was not medically necessary.

GABAPENTIN 600MG #120 BETWEEN 6/19/2013 AND 9/7/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked at each visit as to whether there has been a change in pain or function with the same. In this case, however, the attending provider has not incorporated any discussion of medication efficacy into his decision to renew gabapentin. There is no evidence of any clear reductions in pain or improvements in function achieved as a result of ongoing gabapentin usage. If anything, the fact that the applicant has failed to return to work, has permanent work restrictions which remained in place, unchanged, from visit to visit, and remains highly reliant and highly dependent on opioid medications such as Norco, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for gabapentin was not medically necessary.