

Case Number:	CM13-0012503		
Date Assigned:	11/01/2013	Date of Injury:	10/01/2007
Decision Date:	03/04/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/12/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 40year old woman with a medical history of depression, anxiety, chronic pain and GERD. She sustained a work-related injury on 4/24/07. She continues to experience pain rated 6-9/10 in the low back and cervical spine with radiation into the extremities. She has had multiple treatments to control her pain including oral and topical pain medications, epidural injections and intramuscular injections of vitamin B12 and Toradol. She was seen by pain specialist on multiple occasions including 3/29/13, 5/3/13, 6/4/13 and 6/28/13. She has had an EMG with NCS on 2/3/10 that showed upper extremity mild slowing of both ulnar nerves without radiculopathy. Imaging of the spine has shown degenerative disc disease with multiple levels of disc bulging. Her diagnosis includes chronic pain with cervical and lumbar radiculopathies. The patient was also having significant gastritis due to NSAIDS. She was seen by a GI doctor on 7/11/12 and 11/21/12 with endoscopic diagnosed gastritis. She is managed with a proton pump inhibitor, Protonix. Most recently the patient was evaluated on 6/28/13 with continued pain up to 9/10 while using Butrans patches and lidocaine patches for neuropathic pain. At the time of evaluation the patient received a B12 and Toradol shot for acute pain. An MRI was ordered of the cervical spine. Currently under review is the medical necessary for retrospective B12 and Toradol shots given for acute pain in the cervical spine and lumbar spine as well as topical analgesics and Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for a B12 injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174; 308-309.

Decision rationale: B12 injections are indicated for Pernicious anemia and B12 deficiency. There is no documentation that the patient has either condition in the medical records provided for review. There is no mention of B12 shots for the use of lower back, cervical, or upper back pain in the ACOEM sections on initiation of treatment for back pain.

Retrospective request for a Toradol injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: Toradol was prescribed by the primary care physician for acute exacerbations of chronic back pain. According to the MTUS chronic pain NSAIDs are no more effective for acute exacerbations of back pain than acetaminophen. Acetaminophen has fewer side-effects than NSAIDs. Furthermore the patient has a history of gastritis and NSAIDs are known to exacerbate gastrointestinal inflammation with possible complications of a GI bleed. The use of Toradol in this patient with gastritis and chronic neck and back pain is not medically necessary.

Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Lidocaine is a topical analgesic and topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. According to the MTUS chronic pain lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. There is no documentation that the patient has failed first line therapy. The use of lidocaine patches is not medically necessary.

Butrans patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Buprenorphine is recommended for the treatment of opiate addiction and chronic pain in a patient after detoxification from opioid addiction. The patient does not have any history of opioid addiction. Her pain and functional level has remained unchanged while using this treatment. Butrans patches are not medically necessary.

. MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 172-173.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The patient continues to have 6-9/10 pain with an exam that is significant for tenderness to palpation and decreased range of motion of the spine. There is no record of any red-flag symptoms that the patient is having. There has not been any worsening of function or pain. An MRI of the cervical spine is not medically necessary.