

Case Number:	CM13-0012562		
Date Assigned:	12/18/2013	Date of Injury:	06/15/1999
Decision Date:	03/12/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/13/2013

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 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:

This is a 56 yr old male with history of the injury on June 13, 1999, injury to the lower back. For the purposes of the case the patient had the following chronic diagnosis: 1. Lumbar radiculopathy, 2. Lumbar disc degeneration, 3. Lumbar facet arthropathy, 4. Lumbar failed surgery syndrome 5., S/p lumbar fusion, Iatrogenic opioid dependency, 6. Chronic pain other, History of PE on Coumadin s/p MVA. He had been followed by the pain specialist at the advanced pain specialist and on the 7/24 /2013 he was seen during a regular visit in which he complained of the flare up of the lower back pain due to a MVA (on 7/16 /2013) while going to [REDACTED] and for NOT clear reason he was given a Vitamin B12 shot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for a B12 injection provided on 7/24/13: 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 <http://www.rxlist.com/cyanocobalamin-drug/indications>

Decision rationale: Records reviewed no particular reason for the vitamin B12 shot; there is no indication that the patient was deficient on the vitamin B12. Therefore the use of of Vitamin B12 shot is not indicated.

Toradol injection 60mg provided on 7/24/13: Overturned

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 <http://www.rxlist.com/toradol-drug.htm>

Decision rationale: Toradol is a non steroidal anti-inflammatory drug. This is indicated for the short- term, up to five days management of moderate-to-severe acute pain that require analgesia, therefore acutely it is indicated and according to the records the patient had clinically acute pain, so it is necessary. The patient complained of acute low back pain radiating to the right lower extremity on a day that Toradol was given. The history states that the patient has reported a motor vehicle accident on July 16, 2013 while on the way to [REDACTED] for appointment when he was stuck by a car.

clonazepam #90 dispensed on 7/19/13: 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 Benzodiazepines Page(s): 24.

Decision rationale: Clonazepam is a benzodiazepine. The records show the patient has been on this medication since at least 8 /2012. The MTUS Chronic Pain Guidelines states benzodiazepines are not recommended for long-term use and limits use to 4 weeks. The long-term use of Clonazepam for over year is not in accordance with the guideline. The request for 1 prescription of Clonazepam #90 is not medically necessary and appropriate.