

Case Number:	CM13-0015807		
Date Assigned:	12/11/2013	Date of Injury:	04/24/2007
Decision Date:	02/04/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/23/2013

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 Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 41-year-old female who reported a work-related injury on 4/24/07; the mechanism of injury was not specifically stated. The patient subsequently presents for treatment of lumbar radiculitis, lumbar radiculopathy, cervical radiculopathy, status post lumbar laminectomy, status post cervical fusion, depression, anxiety, chronic pain, and chronic nausea. The clinical note dated 8/23/13 reports the patient's medication regimen consisted of a Butrans 5 mcg patch q7 days, Lidoderm patch, and Protonix Dr. 40 mg, 1 tab by mouth daily. The provider documents the patient's level of pain was unchanged, with an average rate of pain at 6/10 with medications, and 8/10 without medications. The patient presents with complaints of low back pain that radiate to the bilateral lower extremities. The provider documented that the patient presented with an acute increase in pain; a B12 injection was administered to the left deltoid muscle. The provider documented that the patient was to discontinue the Butrans 5 mcg patch, and a request was rendered for a Lidoderm patch, secondary to multiple medications. The physical exam of the patient revealed she was in moderate distress; also, range of motion of the cervical/lumbar spine was reduced, secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: 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 Page(s): 178.

Decision rationale: The clinical documentation submitted for review fails to evidence any significant red flag findings that would support imaging of the patient's cervical spine. In addition, it is unclear when the patient last underwent imaging of the cervical spine. The most recent clinical notes did not indicate the patient presented with any significant motor, neurological, or sensory deficits to warrant further imaging at this point in the patient's treatment. The California MTUS/ACOEM indicates that when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Given the above, the request for MRI of the cervical spine is not medically necessary or appropriate.

Lidoderm 5% patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The clinical notes failed to evidence the patient's most recent medication regimen to support utilization of this topical analgesic. The California MTUS indicates that Lidoderm patches are not a first line treatment, and are only FDA approved for postherpetic neuralgia. There must be evidence of a trial of a first line therapy, such as a tricyclic or SNRI antidepressant, or an AED, such as Gabapentin or Lyrica. Given the above, the request for Lidoderm 5% patches is not medically necessary or appropriate.

Butrans patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The clinical documentation submitted for review reports that the patient continues to present with moderate complaints of cervical and lumbar spine pain; however, on the most recent clinical note submitted for review, the provider documents that the patient was discontinued from utilization of a Butrans patch. The California MTUS guidelines indicate that this medication is recommended for treatment of opiate addiction. Given that the provider has documented a discontinuation of the patient's utilization of this medication, the request for Butrans patch is not medically necessary or appropriate.

two B12 injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The clinical documentation submitted for review fails to evidence support for the patient to have undergone B12 injections on 3/29/13 and 6/28/13. The provider documents that 15 minutes after the injection, the patient reported relief of pain; however, after review of the clinical notes, the provider later documents that the patient's pain level was unchanged. Given the patient's acute increase in pain, another injection was documented in June. The California MTUS/ACOEM guidelines do not specifically address this request. The Official Disability Guidelines indicate that vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is not clear. The clinical notes fail to document the patient's specific reports of the efficacy of vitamin B12 injections. Additionally, the provider did document that the patient's pain level was unchanged; therefore, a rationale for these injections is not evidenced in the clinical notes reviewed, and the request is found to be not medically necessary or appropriate.

two Toradol injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

Decision rationale: The clinical documentation submitted for review fails to evidence support for the patient to have undergone Toradol injections on 3/29/13 and 6/28/13. The provider documents that 15 minutes after the injection, the patient reported relief of pain; however, after review of the clinical notes, the provider later documents that the patient's pain level was unchanged. Given the patient's acute increase in pain, another injection was documented in June. The California MTUS guidelines indicate that this medication is not indicated for minor or chronic painful conditions. Given that the provider documents the patient's rate of pain was unchanged on the clinical note, the current requested injection is not supported, and the request is found to be not medically necessary or appropriate.