

Case Number:	CM13-0034009		
Date Assigned:	12/06/2013	Date of Injury:	10/14/2009
Decision Date:	02/19/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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, has a subspecialty in Cardiology 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 58-year-old female who reported an injury on 10/14/2009. The mechanism of injury was not provided for review. The reported injury included pain complaints of the neck, back, shoulder, and headaches. The patient's chronic pain was managed by medications and B-12 injections. The patient was monitored for medication compliance with urine drug screens. The patient's most recent evaluation included complaints of increasing neck pain exacerbated by repetitive motions and chronic headaches. Physical findings included tenderness to palpation over the cervicodorsal paravertebral musculature and upper trapezial muscle spasms with limited range of motion and tenderness to palpation of the lumbar paravertebral musculature with pain with range of motion and a positive straight leg raising test. The patient's diagnoses included cervicothoracic discopathy and lumbar discopathy. The patient's treatment plan included continued intramuscular injections of vitamin B-12 complex, omeprazole, ondansetron, cyclobenzaprine, tramadol, and Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection of Vitamin B-12 complex mixed with 1cc of Lidocain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Vitamin B

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B

Decision rationale: The requested intramuscular injection of Vitamin B-12 complex mixed with 1cc of Lidocain is not medically necessary or appropriate. The Official Disability Guidelines do not recommend the use of vitamin B in the treatment of peripheral neuropathy, as there is a lack of scientific evidence to support the efficacy of this treatment. The clinical documentation submitted for review does provide evidence that the patient has been regularly receiving these injections. However, the efficacy of this treatment is not supported, as the patient has no significant functional benefit as a result of this treatment. Additionally, there is no assessment provided to support that the patient has any vitamin deficiencies that would benefit from a vitamin B injection. Also, the patient's pain complaints do not appear to be neuropathic in nature. As such, the requested intramuscular injection of Vitamin B-12 complex mixed with 1cc of Lidocain is not medically necessary or appropriate.

Urine specimen to monitor medication use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for risk of addiction (tests) Page(s): 90 - 91. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT) in patient-centered clinical situations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The requested Urine specimen to monitor medication use is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient recently submitted to a urine drug screen. The California Medical Treatment and Utilization Schedule recommends urine drug screens when patients are suspected of using illicit drugs or are not compliant with their prescribed medication schedule. The clinical documentation submitted for review does not provide evidence to support suspicion of illicit drug use or noncompliance with the patient's medication schedule. The Official Disability Guidelines recommend patients that are at low risk for aberrant behavior be monitored for compliance on a yearly basis. As there is no documentation to support that the patient is at risk for noncompliance and has already been tested, additional urine drug screening would not be supported. As such, the requested urine specimen to monitor medication use is not medically necessary or appropriate.

Omeprazole Delayed-Release capsules 20mg #120, 1 po q 12 hours prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The requested Omeprazole Delayed-Release capsules 20mg #120, 1 po q 12 hours prn is not medically necessary or appropriate. The clinical documentation submitted for review fails to provide an adequate assessment of the patient's gastrointestinal system. The California Medical Treatment and Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. However, although it is noted that the patient does have occasional gastrointestinal upset related to medications, there is no documentation of an adequate assessment of the patient's gastrointestinal system to support continued use of this medication. There is no documentation that the patient is at significant risk for developing gastrointestinal disturbances related to the patient's medication usage. As such, the requested Omeprazole Delayed-Release capsules 20mg #120, 1 po q 12 hours prn is not medically necessary or appropriate.

Ondansetron ODT 8 mg #30 times two, prn for nausea, no more than bid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/ondansetron-and-dextrose.html> indications. Indications and Usage for Ondansetron and Dextrose

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetics

Decision rationale: The requested Ondansetron ODT 8 mg #30 times two, prn for nausea, no more than bid is not medically necessary or appropriate. The Official Disability Guidelines recommend this medication for nausea and vomiting associated with surgical intervention and cancer treatments. It is also recommended for acute gastritis. The clinical documentation submitted for review does not provide any evidence that the patient is receiving cancer treatment, is a postsurgical patient, or suffers from acute episodes of gastritis. The clinical documentation does indicate that the patient has nausea and vomiting related to headaches and neck pain. The Official Disability Guidelines do not recommend the use of this medication for symptoms related to chronic pain. As such, the requested Ondansetron ODT 8 mg #30 times two, prn for nausea, no more than bid is not medically necessary or appropriate.

Tramadol Hydrochloride Extended-Release Capsules 150 mg #90, 1 tab qd prn for pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94 - 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Tramadol Hydrochloride Extended-Release Capsules 150 mg #90, 1 tab qd prn for pain is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the continued use of opioids be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is being monitored for compliance to the prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is being monitored with urine drug screens. However, the submitted documentation notes that the patient's pain of the cervical spine is increasing in addition to increasing headaches. It is also noted that the patient's lumbar spine pain remains unchanged. The clinical documentation submitted for review fails to provide evidence of increased functional benefit or a quantitative assessment of pain relief. Therefore, continued use would not be supported. As such, the requested Tramadol Hydrochloride Extended-Release Capsules 150 mg #90, 1 tab qd prn for pain is not medically necessary or appropriate.

Medrox Pain Relief Ointment 120gm times 2; to be applied up to 4 times a day: Upheld

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

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

Decision rationale: The requested Medrox Pain Relief Ointment 120gm times 2, to be applied up to 4 times a day is not medically necessary or appropriate. The requested medication contains methyl salicylate, menthol, and capsaicin. The California Medical Treatment and Utilization Schedule does recommend the use of methyl salicylate in the treatment of osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to osteoarthritis. Additionally, this formulation contains capsaicin. The California Medical Treatment and Utilization Schedule does not recommend capsaicin as a topical agent unless the patient has failed to respond to other first line treatments and oral analgesics. The clinical documentation submitted for review does not clearly address the patient's inability to tolerate first line treatments. Therefore, continued use of this medication would not be supported. Additionally, the clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. There is no documentation of functional benefit or pain relief to support extending treatment beyond Guideline recommendations. As such, the requested Medrox Pain Relief Ointment 120gm times 2, to be applied up to 4 times a day is not medically necessary or appropriate.