

Case Number:	CM13-0039487		
Date Assigned:	12/18/2013	Date of Injury:	06/01/2004
Decision Date:	03/06/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/04/2013

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 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 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 65-year-old female with date of injury 06/01/2004. Her most recent diagnoses are listed as 1. Lumbar radiculopathy, 2. Lumbar facet arthropathy, 3. Lumbar spinal stenosis, 4. Cervical radiculopathy, 5. Chronic pain other, 6. Chronic pain syndrome, 7. Medication related dyspepsia, 8. Positive response to epidural steroid injections, 9. Chronic nausea/vomiting, 10. Treated FMC, 11. Retired on June 27, 2013. An additional diagnosis which is not listed and at this point is presumed to be occupational is non-insulin-dependent diabetes mellitus for which the patient takes metformin. In [REDACTED] note of 08/16/2013 he lists his current subjective complaints of low back pain that radiates to bilateral lower extremities to the level of calf and foot-more on the right side. The back pain is associated with tingling and numbness in the lower extremity. The patient was complaints of neck that radiates to bilateral upper extremities. The patient's pain level is increased with average pain level is 6/10 with medications and 9/10 without medications. Objective findings were that the patient was observed in moderate distress. Range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 levels. Lumbar myofascial tenderness in paraspinous muscle spasm was noted on palpation. Motor examination revealed a moderate decrease in motor strength in the right lower extremity and left lower extremity. Decreased motor strength in both muscles within the L4-S1 greater than right dermatome. Straight leg raise with the patient in the seated position in the leg fully extended was positive on the bilateral lower extremities for radicular pain-right 40° and left 50°. In the treatment plan, it was noted that the patient had an acute increase in her pain level and for this reason was given an injection of B12 and Toradol 60 mg IM. There is no mention of this acute increase in pain in the subjective portion of the note however. Her medication regimen has remained unchanged for at least 18 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

B12 Injection given IM on 8/16/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) 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 (ODG) Pain (Chronic), Vitamin B

Decision rationale: Not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. In comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in a significant short-term reduction in pain and improvement in paraesthesiae, in a composite outcome combining pain, temperature and vibration, and in a composite outcome combining pain, numbness and paraesthesiae. There was some evidence that vitamin B is less efficacious than alpha-lipoic acid, cilostazol or cytidine triphosphate in the short-term improvement of clinical and nerve conduction study outcomes. Vitamin B is generally well-tolerated. (Ang-Cochrane, 2008).

Toradol 60mg Injection given on 8/15/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) 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 (ODG) Pain (Chronic), Toradol

Decision rationale: The use of Toradol is recommended as an alternative to opioid therapy. The patient is currently taking opioids for pain control. The injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. (Min, 2011) Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy.

Exoten-C Lotion 120ml #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) 28,105 Page(s): 28,105.

Decision rationale: Exoten-C is a topical analgesic with the active ingredients, methyl salicylate, capsaicin, and menthol USP used for the temporary relief of mild pain due to muscular strain, arthritis, and simple back pain. The Chronic Pain Medical Treatment Guidelines: Topical salicylate (e.g., Ben-Gay, methyl salicylate) is recommended. It is significantly better than placebo in chronic pain. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments.

Metformin HCL 500mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) 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 (ODG) Diabetes (Type 1, 2, and Gestational), Metformin (Glucophage)

Decision rationale: Based upon the medical record and the fact that metformin has been previously authorized, it appears that diabetes is an accepted part of the claim. As a result of these assumed facts, metformin is authorized. Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. (Nicholson, 2011) As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations

Tizanidine 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 63 Page(s): 63.

Decision rationale: Muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. [REDACTED] [REDACTED] [REDACTED] [REDACTED] (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. [REDACTED] [REDACTED] Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy

machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. [REDACTED] According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions.

Pantoprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 68 Page(s): 68.

Decision rationale: There is documentation that the patient has at least one of the risk factors needed to recommend a proton pump inhibitor. The patient is now 65 years old. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions.

Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 \hat{I} ¼g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44).