

<b>Case Number:</b>	CM13-0041496		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/15/2004
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Mississippi. 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:

Claimant is a 46 year old female with date of injury 6/15/2004. Per progress note dated 9/29/2013, the claimant reported increased low back pain that radiates into her bilateral lower extremities and feet with associated weakness and numbness of the lower extremities. She rated her pain 6/10 with medications and 10/10 without medications. On exam, she was observed to be in moderate distress, had a slow gait with the assistance of a cane. Lumbar spine range of motion was moderately reduced secondary to pain, significantly with flexion, extension, and rotation. There was lumbar spine vertebral tenderness at L4-S1 level and lumbar myofascial tenderness on palpation. Diagnoses include 1) lumbar radiculopathy 2) lumbar facet arthropathy 3) lumbar spinal stenosis 4) lumbar facet laminectomy syndrome 5) chronic pain 6) history of a failed spinal cord stimulator. Treatments included injection of vitamin B12 and Toradol, prescriptions for random urine drug test, lumbar spine MRI, transportation to physician visit and therapy visit, and medication refills of Lyrica 75 mg #30, Naprosyn 500 mg #60, omeprazole DR 20 mg #30, and Norco 10/325 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 transportation to physician and therapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence.

**Decision rationale:** The requesting provider notes that the claimant does not have a car and is unable to take public transportation because she cannot walk distances. The California MTUS guidelines do not address transportation to and from medical appointments. Transportation is not a medical treatment, diagnostic, or other medical service. There is no requirement that an individual own a car or must take public transportation, as the means for transportation to and from medical appointments is at the option of the claimant. It is also noted that on 10/25/2013 the claimant was able to get to her medical appointment because her husband took her to the clinic. Providing transportation to and from physician visits and therapy visits is not medically necessary.

**Norco 10/325 mg, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 34.

**Decision rationale:** Progress note dated 10/25/2013 reports that the claimant takes Norco for chronic pain as maintenance therapy. Although she has previously been prescribed therapy including aquatic therapy, her current treatment is primarily medications with maintenance dosing of opioids. Norco contains hydrocodone, a short-acting opioid that generally lasts 3-4 hours. The claimant is prescribed one tablet every 8 hours. Norco is also useful for breakthrough pain and is supported for use in controlling chronic pain per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009): "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol®), Oxycodone (OxyIR®, Oxyfast®), Endocodone®, Oxycodone with acetaminophen, (Roxilox®, Roxicet®, Percocet®, Tylox®, Endocet®), Hydrocodone with acetaminophen, (Vicodin®, Lorcet®, Lortab®, Zydone®, Hydrocet®, Norco®), Hydromorphone (Dilaudid®, Hydrostat®). (Baumann, 2002)" The claimant is currently under the care of a pain specialist, and has been involved in therapy including aquatic therapy. It is determined that the request for Norco 10/325 mg #90 is both reasonable and medically necessary for this claimant with chronic pain.

**Toradol 60 mg injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), "Ketorolac (ToradolÂ®, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." The request for Toradol 60 mg injection is determined to not be consistent with these guidelines and not medically necessary.

**1 B12 injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1) the efficacy and safety of intramuscular injections of methylcobalamin in patients with chronic nonspecific low back pain: a randomized controlled trial Singapore Med J 2011; 52(12): 868-873.

**Decision rationale:** The California MTUS does not address the use of Vitamin B12 injections to treat pain. A PubMed search for vitamin B12 injections to treat pain reveals that this procedure is considered "alternative therapy" with low evidence of providing therapeutic benefit. Reference (1) cited above reports that Vitamin B12 injections are safe and effective in treating back pain, however this study is of low power. A systematic review, reference (2), reviewed 7 controlled trials, of 2 were considered fairly good quality, and the other 5 were of poor quality. Among patients with diabetic neuropathy, treatment with both Vitamins B12 appeared to provide symptomatic relief, but more high-quality; double-blind RCTs are needed to confirm clinical effectiveness of vitamin B12. As the use of vitamin B12 injections remains investigational, the claimant appears to receive benefit from other treatments, and there is a lack of high-quality studies for the use of vitamin B12 injections for pain, this treatment is determined to be not medically necessary.