

Case Number:	CM13-0045327		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2009
Decision Date:	04/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 53 year old male with an industrial injury on 9/18/09. Patient complains of low back pain with bilateral lower extremities pain, numbness, tingling, and weakness. Exam notes from 10/19/12 demonstrate slow antalgic gait, moderately diminished lumbar range of motion with pain and palpatory tenderness at L4-S1. An MRI from 10/24/12 demonstrates posterior interbody fusion at L4-S1, 1-2mm posterior disc protrusion at L2-3, 3.2 mm disc protrusion at L3-4 with mild bilateral foraminal stenosis, no spinal canal stenosis, and straightening of the normal lumbar lordosis. Treatment has included surgery, injections, and pain medications none of which have provided pain relief. No documentation in records of history of peptic ulcer disease or history of gastroesophageal reflux disease. No documentation of prior response to Ketorolac in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 IM INJECTION OF B12: 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 Official Disability Guidelines (ODG), Pain Chapter, Vitamin B.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Vitamin B-12. ODG recommends against Vitamin B-12 injections for treating neuropathy. Therefore the determination is for non-certification as not medically necessary and appropriate.

1 IM INJECTION OF TORADOL 30 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Toradol and NSAIDs.

Decision rationale: The MTUS Chronic Pain guidelines state that Ketorolac (Toradol) is not indicated for minor and chronic painful conditions. In addition, the ODG criteria states there is inconsistent evidence for the use of Ketorolac (Toradol) to treat long-term neuropathic pain. The documentation in the medical records demonstrates no change in subjective or objective findings with use of Toradol to support efficacy. The claimant has chronic low back pain since 9/18/09. The request for Toradol is not medically necessary and appropriate.

PRILOSEC 200 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: this case there is lack of medical necessity in the records that the claimant is at risk for gastrointestinal events. No documentation in records of history of peptic ulcer disease or history of gastroesophageal reflux disease. Therefore the determination is for non-certification