MAXIMUS Federal Services

Case Number:	CM13-0046029		
Date Assigned:	01/10/2014	Date of Injury:	07/10/2009
Decision Date:	05/20/2014	UR Denial Date:	10/17/2013
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 37-year-old male presenting with low back and right knee pain following a work-related injury on July 10, 2009. MRI of the right knee was significant for mild to moderate amount of fluid within the knee joint, 5 mm cyst versus pseudocysts in the popliteal fossa, collapsed 1 cm Baker's cyst, grade 2 signal in the anterior and posterior horns of the lateral meniscus, grade 3 tear of the posterior horn of the medial meniscus, sprains of the anterior cruciate ligament and medial collateral ligament, and joint effusion. Electrodiagnostic studies were normal. X-ray of the lumbar spine revealed excellent positioning of the implants at the levels of L5-S1. The physical exam was significant for tenderness at the lumbar paravertebral muscle spasms, pain with terminal motion with limited range of motion, right knee tenderness at the right knee joint line and anteriorly, positive McMurray's sign and patellar compression test, and pain with terminal flexion. The claimant's medications include Medrox, Flexeril, Omeprazole, Norco, and Zofran. The claimant was diagnosed with status post L5-S1 posterior lumbar interbody fusion, and retains symptomatic lumbar spinal hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR INTRAMUSCULAR (IM) INJECTION OF TORADOL (2CC) (DOS: 9/11/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Retrospective request for intramuscular (IM) Injection of Toradol (2cc) is not medically necessary. Per California MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document that the claimant had moderate to severe pain requiring treatment with a Toradol injection. The medication is therefore, not medically necessary.

RETROSPECTIVE REQUEST FOR INTRAMUSCULAR (IM) INJECTION OF VITAMIN B12 (DOS: 9/11/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complimentary, Alternative Treatments Or Dietary Supplements, Etc..

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

Decision rationale: Retrospective request for intramuscular injection of vitamin B12 is not medically necessary. The Official Disability Guidelines on medical food states that "food which is formulated be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognize scientific principles, are established by medical evaluation" To be considered the product must at a minimum meet the following criteria: The product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements; the product must be used under medical supervision. Intramuscular injection of Vitamin B12 does not meet ODG recommendations. Additionally, there is no documentation that the claimant has a Vitamin B12 deficiency; therefore it is not medically necessary.

RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN (DOS: 9/11/13): 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 Chapter, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 108.

Decision rationale: Retrospective request for urine drug screen is not medically necessary. Per California MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of

addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care him immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. The claimant had two prior urine drug screens 3 months apart. Additionally the provider did not document risk stratification using a testing instrument as recommended in the California MTUS to determine frequency of UDS testing indicated; therefore the requested services not medically necessary.