

Case Number:	CM13-0046534		
Date Assigned:	12/27/2013	Date of Injury:	12/05/2011
Decision Date:	02/27/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 Pain Medicine and Anesthesiology and is licensed to practice in Florida. 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 reported a work related injury on 12/05/2011. The specific mechanism of the injury is not stated. The patient subsequently presents for treatment of lumbar spine pain. The clinical notes document the patient utilizes Metaxalone, Tylenol No. 4, Dilaudid, Protonix, Elavil, and Fioricet. Clinical notes document the patient underwent a Zeel/Traumeel homeopathic injection a few weeks prior which the patient reported positive efficacy with this intervention. Clinical note dated 12/04/2013 reported the patient presented with complaints of 10/10 pain, escalating low back and leg pain with weakness to the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zeel/Traumoel homeopathic 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): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The clinical documentation submitted for review lacks evidence to support the requested intervention at this point in the patient's treatment. The patient utilizes multiple medications for chronic injury to the lumbar spine sustained in 12/2011. The clinical notes

documented the patient had previously utilized the requested injection and reported positive efficacy. However, noted decrease in rate of pain on a VAS scale and increase in objective functionality were not specifically stated to reveal quantifiable support for a repeat injection. Additionally, there is a lack of evidenced based guideline support for the requested injection, as well as reliable efficacy of this intervention for chronic pain patients. However, given all the above, the request for Zeel/Traumoel homeopathic injectable is not medically necessary or appropriate.