

Case Number:	CM13-0049784		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2006
Decision Date:	06/09/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 63 year old male injured on 12/15/06 as a result of repetitive tasks as a general laborer resulting in pain in his shoulders, neck, low back, arms, and legs. The patient underwent physical therapy, acupuncture, lumbar Cortisone injection, lumbar epidural steroid injection, and right shoulder surgery. Recent documentation indicates the patient reported low back pain with radiation to the bilateral lower extremities with associated numbness and spasms. The patient also reported constant shoulder pain with associated weakness, numbness, and swelling radiating to the head, neck, and bilateral upper extremities. In addition, the patient reported intermittent neck pain radiating to the head, shoulders, and arms. Current diagnoses include left shoulder bursitis, complete rupture of left rotator cuff, left shoulder derangement, and left shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL 60MG IM: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects, Page(s): 72.

Decision rationale: As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The injection is recommended as an option to corticosteroid injections with up to three injections. The documentation indicates the patient is not currently utilizing opioid medications and corticosteroid injections have been attempted with minimal success. As such, the request for Toradol 60MG IM is recommended as medically necessary.

B COMPLEX VITAMIN 2 IM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

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 OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Vitamin B is not recommended for use. 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. Additionally, there is no indication that the patient has been diagnosed with medical condition requiring treatment with Vitamin B12. As such, the request for B Complex Vitamin 2 IM cannot be recommended as medically necessary.

NAPROXYN 500MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk, Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects, Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxyn 500MG cannot be established as medically necessary.

CAPSAICIN GEL 60MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Additionally, there is no indication that the patient has failed attempts at nonprescription, or over-the-counter, versions of this medications. As such, the request for Capsaicin Gel 60MG is not recommended as medically necessary at this time.