

Case Number:	CM14-0001037		
Date Assigned:	01/17/2014	Date of Injury:	05/09/2011
Decision Date:	06/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Pain Medicine 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 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 injured worker is a 49 year old female who reported an injury on 05/09/2011; the mechanism of injury was a slip and fall. The clinical note dated 11/07/2013 indicated diagnoses of lumbar radiculopathy, pain related insomnia and myofascial syndrome. The injured worker reported neck pain that radiated down both arms and severe headaches. She also reported low back pain that radiated down both legs and she rated her pain at 7/10. The injured worker reported with medication her pain was rated at 0/10. On physical exam of the lumbar spine the injured worker had tenderness over the L5 spinous process in the midline and multiple trigger points from the L4 to the S1 spinal level bilaterally. She had a positive straight leg raise bilaterally at 45 degrees on the right and 50 degrees on the left with pain at even minimal elevation. The injured worker received a Neuralgo-Rheum homeopathic injection for acute pain and a Spascupreel injection for her severe headaches. The injured workers medical regimen included Lyrica and Tylenol #4. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE SPASCUPREEL 1.1CC IM 96372: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information.

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

Decision rationale: The request for retrospective Spascupreel 1.1cc IM is non-certified. The injured worker was diagnosed with lumbar radiculopathy, pain related insomnia and myofascial syndrome. The Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex[®]) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Nonetheless, the injured worker received an injection on 11/07/2013 there is lack of evidence in the documentation as to functional improvement from the injection. It was unclear why the injured worker required an injection for migraines as opposed to traditional oral medication. It was unclear if the injured worker previously tried other courses of treatment including triptans, as well as the efficacy of the prior courses of care. Therefore, the retrospective request for Spascupreel 1.1cc is not medically necessary.

RETROSPECTIVE NEURALGO-RHEUM HOMEOPATHIC INJECTABLE 1.1 CC IM 96372: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med, Neuralgo-Rheum, Online Database.

Decision rationale: The request for Retrospective neuralgo-rheum homeopathic injectable 1.1 cc IM 96372 is non-certified. The injured worker was diagnosed with lumbar radiculopathy, pain related insomnia and myofascial syndrome. Daily Med notes neuralgo-rheum is a homeopathic product which has not been evaluated by the food and drug administration for safety or efficacy. Daily Med notes the medication is utilized for stimulation of the defense mechanism in joint disorders including chronic arthritis and arthrosis, neuralgia and rheumatism, and exhaustion and debility. It did not appear the injured worker has a diagnosis of chronic arthritis and arthrosis, neuralgia and rheumatism, and exhaustion and/or debility. It was unclear why the injured worker would require treatment with this medication as opposed to traditional methods of treatment. As such, the request is not medically necessary.