

Case Number:	CM14-0004594		
Date Assigned:	02/12/2014	Date of Injury:	01/19/2012
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine 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:

Patient is a 58 year-old male with date of injury 01/19/2012. The medical record associated with the request for authorization includes a primary treating physician's progress report, dated 11/08/2013, which lists subjective complaints as pain in the right shoulder that is aggravated by forward reaching, lifting, pushing, pulling, and working at or above the shoulder level. Patient also complains of pain in the right elbow, neck, bilateral wrists and hands, lumbar spine, left hip and left knee. Patient underwent left knee arthroscopy, partial medial meniscectomy and partial resection of the medial plica on 02/11/2011. Objective findings: examination of the cervical spine revealed tenderness at the cervical paravertebral muscles with pain with terminal motion; examination of the right shoulder revealed tenderness at the right shoulder subacromial space and acromioclavicular joint; there was also positive impingement and Hawkin's sign. Examination of the right elbow revealed tenderness at the right elbow lateral epicondyle greater than medial aspect. There was pain with terminal flexion and Cozen's sign and Tinel's sign were positive. Examination of the bilateral wrist/hands revealed pain with terminal flexion and tenderness at the first dorsal compartment. Examination of the lumbar spine revealed pain and tenderness in the mid to distal lumbar segments and paravertebral muscle spasms. Radicular pain component in the lower extremities was noted, the left side more pronounced than the right. Diagnosis: 1. Status post cervical reconstruction C4-C7 2. Rule out internal derangement, right shoulder 3. Carpal tunnel/ double crush syndrome 4. Right De Quervain's 5. Right cubital tunnel syndrome with olecranon bursitis 6. Lumbar discopathy 7. Rule out internal derangement, left hip 8. Status post left knee arthroscopic surgery with MRI evidence of left knee medial meniscus tear. The medical record provided for review documents that the patient has been taking the following medications for at least as far back as 02/22/2013. Medications: - Naproxen Sodium Tablets, USP 550mg, SIG: 1 PO Q12H with food - Omeprazole Delayed release tablets 20mg,

SIG: 1 PO Q12H as needed - Ondansetron 8mg ODT, SIG: 1 tablet sublingual twice a day - Cyclobenzaprine 7.5mg, SIG 1 PO Q8H PRN pain and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TORADOL INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), 72

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, , 72

Decision rationale: Toradol is an NSAID which is used to treat acute, moderately severe pain. Toradol is not indicated for minor or chronic painful conditions. The patient suffers from chronic pain, for which an injection of Toradol was not indicated. Retrospective Toradol Injection is not medically necessary.

RETROSPECTIVE INTRAMUSCLUAR VITAMIN B12 INJECTION.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Official Disability Guidelines state that vitamin B 12 is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. Retrospective Intra-muscular Vitamin B12 Injection is not medically necessary.

RETROSPECTIVE URINE DRUG TEST.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., , 82

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, , 43

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no

documentation in the medical record that previous urine drug screen had been used for any of the above indications. Retrospective Urine Drug Test is not medically necessary.