

Case Number:	CM14-0100131		
Date Assigned:	08/06/2014	Date of Injury:	08/15/2003
Decision Date:	09/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old individual was reportedly injured on August 15, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of neck and low back pains. There were ongoing complaints of significant discomfort, limited mobility, and numbness in the extremities. The physical examination demonstrated a 5'6", 168 pound individual who is reported to be in no acute distress. A slightly antalgic gait pattern was reported. Palpation of the lumbar spine noted a mild torticollis and a positive compression side. A decrease in range of motion was also reported. The lumbar spine noted tenderness to palpation, a decreased range of motion, and intact deep tendon reflexes with no loss of motor or sensory function. Diagnostic imaging studies objectified were not reported. Previous treatment included multiple cervical spine fusion procedures, carpal tunnel release surgery and treatment for depression. A request had been made for multiple medications and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: This medication is a benzodiazepine that is not recommended for long-term use, as the efficacy long-term has not been proven, and there is a significant risk of psychological and physical dependence or addiction. This medication should be limited to a four-week timeframe alone. The progress notes indicated increases with some anxiety; however, this has not been established in the clinical assessment, and the efficacy of this medication has not been objectified. As such, based on the medical records reviewed, there is insufficient data to support the medical necessity of the ongoing indefinite chronic use of this medication.

Aptrim #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain; Clinical Measures; Medications (Electronically Cited).

Decision rationale: This preparation is a medical food device designed to control appetite. It is noted that the injured employee is morbidly obese, and there is no noted efficacy in terms of weight loss identified in the progress notes presented for review. Therefore, what is more appropriate for a call for weight loss is exercise and use of this medical food has not demonstrated any efficacy whatsoever and is not medically necessary.

Topical Compound; Flurbiprofen 15%, Cyclobenzaprine 10% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: As outlined in the MTUS, use of compounded topical preparations is "largely primitive," and the efficacy has not been established in the literature. Furthermore, the utilization of this medication includes multiple products and as outlined in the MTUS, when one product is not warranted, the entire preparation is not warranted. The literature supports the short-term use of cyclobenzaprine and the timeframe for which this it should be employed has exceeded. Therefore, this component preparation is not recommended, making the medical necessity of the overall preparation not clinically indicated.

Topical Compounded TG Hot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor2 %, and Capsaicin 0.5% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: As outlined in the MTUS, use of compounded topical preparations is "largely primitive," and the efficacy has not been established in the literature. Furthermore, the utilization of this medication includes multiple products and as outlined in the MTUS, when one product is not warranted, the entire preparation is not warranted. The literature supports the short-term use of capsaicin in very limited situations. Based on the progress notes presented, that situation is not presented here. Therefore, this component preparation is not recommended making the medical necessity of the overall preparation not clinically indicated.

Toradol 2cc Imtra muscular injection: 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, Ketorolac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.

Decision rationale: ACOEM does not address intramuscular Toradol injections. ODG guidelines support intramuscular Toradol injections as an alternative to opiate therapy. The claimant is currently taking long-term opioids as well as other medications. There is an increased risk of gastrointestinal (GI) side effects and cardiovascular risk when combining this injection with other oral preparations.

2 cc B12 complex and 2 cc B12 Cyanocobalamin intramuscular injection: 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, Vitamin B12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter updated August 2014.

Decision rationale: According to the pain chapter of the Official Disability Guidelines, Vitamin B injections are "not recommended." While noting they are a frequent treatment for a peripheral neuropathy, the efficacy has not been established. At best, there is limited data to suggest any efficacy; however, this failed to meet the appropriate evidence-based medicine standards. Therefore, this is not medically necessary.