

Case Number:	CM14-0100590		
Date Assigned:	08/06/2014	Date of Injury:	02/11/2011
Decision Date:	10/02/2014	UR Denial Date:	06/19/2014
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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; epidural steroid injection therapy; opioid therapy; vitamins; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 19, 2014, the claims administrator approved a request for methadone, Ultram, and acupuncture while retrospectively denying a variety of vitamin B injections, a Toradol injection, and an epidural steroid injection, and unspecified laboratory testing. The applicant's attorney subsequently appealed. In a February 24, 2014 medical-legal evaluation, the applicant reported persistent complaints of thumb, knee, and low back pain. The applicant had a history of using street drugs and alcohol in the mid-1990s. The applicant had largely abated the same and was no longer using illicit drugs, it was acknowledged, but was sporadically using three to four alcoholic beverages. A 30-pound lifting limitation was endorsed. It did not appear that the applicant was working with permanent limitations in place. On May 6, 2014, the applicant reported persistent chronic low back pain complaints. The applicant was contemplating a lumbar spine surgery, it was stated. The applicant had retired from his former employment, it was stated. The applicant was having difficulty getting out of bed in the morning, changing positions, performing bending and/or lifting, it was further noted. The applicant was on methadone, Motrin, and Cymbalta, it was suggested. Authorization was sought for a multilevel lumbar fusion surgery. On July 1, 2014, the applicant presented with persistent complaints of low back pain and hand pain. The applicant was using Motrin, Cymbalta, lidocaine, methadone, Ultram, glipizide, and metformin, it was suggested. Multiple medications were refilled. An L4-L5 epidural steroid injection was sought on the grounds that the applicant had reportedly responded favorably to an earlier

injection. Psychiatric treatment, complementary treatments, and alternative treatments were also recommended. In a June 9, 2014 progress note, the applicant reported persistent complaints of 6-8/10 low back pain radiating to the leg. The applicant stated that his nutrition had improved. The applicant was a primary caregiver for his elderly mother, it was stated. The applicant's diabetes was not well controlled, it was suggested, and was described as a complication to for potentially pursuing epidural steroid injection therapy. The applicant was given Toradol injection for "acute and chronic pain." A variety of vitamin B injections were also given. Multiple medications, including Cymbalta, trazodone, and tramadol were renewed. A previously denied L4-L5 epidural injection was appealed. The applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Vitamin B1 IM Injection 6/3/14 QTY: 1: 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 Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Vitamins Recommendation: Vitamins for Chronic Pain Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. Strength of Evidence Not Recommended, Insufficient Evidence (I)

Decision rationale: The MTUS does not address the topic of vitamins. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, vitamins are not recommended in the treatment of chronic pain in the absence of any documented nutritional deficit states. In this case, there is no evidence that the applicant had a bona fide vitamin B1 deficiency on and around the date in question. Therefore, the request was not medically necessary.

Retrospective request for Vitamin B6 IM Injection for 6/3/14 QTY:1: 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 ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Vitamins Recommendation: Vitamins for Chronic Pain Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. Strength of Evidence Not Recommended, Insufficient Evidence (I)

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, vitamins are not recommended for treatment of

chronic pain in the absence of any documented nutritional deficit states. In this case, there was no evidence on file to support the provision that the applicant in fact had any kind vitamin B6 deficiency on and around the date in question. Therefore, the request was not medically necessary.

Retrospective request for Vitamin B12 IM Injection for 6/3/14 QTY:1: 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 Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Vitamins Recommendation: Vitamins for Chronic Pain Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. Strength of Evidence Not Recommended, Insufficient Evidence (I)

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, vitamins are not recommended for treatment of chronic pain in the absence of documented nutritional deficit states. In this case, there was no evidence that the applicant had a bona fide vitamin B12 deficit on and around the date in question. Therefore, the request was not medically necessary.

Retrospective request for Torodaol 30mg IM Injection for 6/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol Page(s): 72.

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does indicate that oral ketorolac/Toradol is not recommended for minor or chronic painful conditions. In this case, the attending provider did acknowledge that the injection in question was being performed, in part, for chronic pain purposes. There was no clearly described acute flare in symptoms on and around the date in question which would have compelled provision of injectable Toradol. Therefore, the request was not medically necessary.

Repeat Transforaminal Epidural Steroid Injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the earlier blocks failed to produce requisite reductions in pain and/or functional improvement. The applicant failed to return to work. The applicant remained highly reliant on a variety of opioid and non-opioid agents, including methadone, Cymbalta, Desyrel, tramadol, Motrin, etc. The applicant was, furthermore, considering spine surgery on the grounds that the earlier epidural injection (s) was/were unsuccessful. All of the above, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite at least one prior epidural injection. Therefore, the request is not medically necessary.

Lab Serum Testing (Unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent hematologic, renal function testing, and hepatic function testing in applicants using NSAIDs, in this case, however, it was not clearly stated what test or tests were being sought. It was not clearly stated what laboratory tests the attending provider intended to perform. Therefore, the request is not medically necessary.