

Case Number:	CM14-0011438		
Date Assigned:	02/21/2014	Date of Injury:	05/28/1999
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology and is licensed to practice in Massachusetts, New Jersey, Texas and Connecticut. 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 57-year-old female who reported injury to her neck and low back. A clinical note dated 02/11/14 indicated the injured worker rating her neck pain and back pain as 9/10. Pain radiated from the low back into bilateral lower extremities. Limitation moderate limitations were identified with the range of motion in the lumbar spine. Sensitivity was decreased along L4 and L5 dermatomes in left lower extremity. The injured worker previously underwent a computed tomography (CT) scan of the lumbar spine in 2006, which revealed a successful fixation at L4-5 and L5-S1 with intervertebral cages. The injured worker also underwent a Toradol and B12 injection at the right deltoid at this visit. The injured worker utilized Percocet and vitamin D3. A CT scan of the lumbar spine dated 02/04/14 revealed the previous fusion at L4-5 and L5-S1. Disc bulges were evident at L1-2 and L2-3 and L3-4. L3-4 showed grade 1 anterolisthesis. Utilization review dated 02/06/14 resulted in denial for Exoten, B12 injections, vitamin D3, and Clorazepate. Guidelines did not support compounded topical medications and the use of Exoten had been identified as having methyl salicylate, menthol, and capsaicin. Therefore, the use of B12 injections was not supported as no documentation was provided regarding B12 insufficiency. The long-term use of benzodiazepines was not recommended. No clinical documentation had been provided regarding vitamin D deficiency therefore, vitamin D3 was not supported in the previous review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOTEN C PAIN RELIEF LOTION 0.002/20/10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request is non-certified. Clinical documentation indicates the injured worker complaining of pain at several sites notably the neck and low back. Currently no high quality studies exist supporting the use of compounded topical application of pain medications. The use of this medication includes methyl salicylate and capsaicin. These medications are not combination of the combination of these medications is not recommended for topical use. Given this, the request is not indicated as medically necessary.

B 12 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 (ODG), Pain Chapter, B-12 Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lindsay H. Allen, Vitamin B-12. Adv Nutr January 2012 Adv Nutr vol. 3: 54-55, 2012 and Scalabrino G. The multi-faceted basis of vitamin B-12 (cobalamin) neurotrophism in adult central nervous system: lessons learned from its deficiency. Prog Neurobiol. 2009;88:203-20.

Decision rationale: The use of B-12 injection is indicated for injured workers with B-12 deficiencies. No information was submitted confirming the injured worker's B-12 deficiencies. Given this, the request is not indicated as medically necessary.

CLORAZEPATE 7.5 MG: Upheld

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

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

Decision rationale: The request is non-certified. The use of benzodiazepines is not supported for long-term use. Given the ongoing use of this medication by this injured worker, this request is not indicated as medically necessary.

VITAMIN D-3 2000 UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin D

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michael F. Holick, et al. The Journal of Clinical Endocrinology & Metabolism. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: an Endocrine Society Clinical Practice Guideline. Volume 96 Issue 7 - July 1, 2011 and Ginde A, Scragg R, Schwartz RS, Camargo CA. Prospective study of serum 25-hydroxyvitamin D level, cardiovascular disease mortality, and all-cause mortality in older US adults. J Am Geriatr Soc 2009;57:1595-603

Decision rationale: Vitamin D-3 2000 units are indicated if the injured worker meets specific criteria, including confirmation of vitamin D deficiency. No information was submitted regarding the injured worker's vitamin D deficiency. Given this, the request is not indicated as medically necessary.