

Case Number:	CM14-0116719		
Date Assigned:	08/04/2014	Date of Injury:	08/09/2009
Decision Date:	09/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old female with a 8/9/09 date of injury, and status post two level posterior lumbar interbody fusion with decompression 4/18/12. At the time (5/13/14) of request for authorization for Intramuscular injection times two (2) for the lumbar spine, Acupuncture times eight (8) for the lumbar spine, Tramadol ER 150mg #60, and Topical TGHot cream. There is documentation of subjective (right greater than left leg pain, pain in the lumbar spine, and difficulty with function, hip mobility produces pain and discomfort, and pain 6-8/10) and objective (mild antalgic gait, utilizing a cane, tenderness in paraspinous musculature of the lumbar region, midline tenderness noted in lumbar region, decreased lumbar range of motion, sensation testing with a pinwheel slightly abnormal, decreased right hip range of motion, intramedial stress of the pelvis produces pain, trendelenburg test positive on right, and motor power to hip is weak) findings, current diagnoses (L4-5 and L5-S1 herniated nucleus pulposus with instability, status post two level posterior lumbar interbody fusion with decompression, painful hardware, mild obesity, and post-surgical hardware pain). The treatment to date is medications including ongoing treatment with Tramadol. Medical report identifies patient was administered one injection of Toradol because of her significant flare up of pain and vitamin B-12 complex for nerve sheath treatment. Regarding Intramuscular injection times two (2) for the lumbar spine; there is no documentation of acute pain that requires analgesia at the opioid level and a condition/diagnosis for which vitamin B12 injection is indicated. Regarding Tramadol ER 150mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is used as a second line treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity

tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Regarding Topical TGHOT cream, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection times two (2) for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ketorolac (Toradol, generic available) 10mg [boxed warning]; FDA, ketorolac tromethamine; (<http://www.drugs.com/pro/cyanocobalamin.html>);.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol), NSAIDs Other Medical Treatment Guideline or Medical Evidence:(<http://www.rxlist.com/cyanocobalamin-drug/indications-dosage.htm>).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Ketorolac injection. In addition, ODG identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Medical Treatment Guideline identifies documentation of a condition/diagnosis for which vitamin B12 injection is indicated (such as vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency), to support the medical necessity of vitamins B12 injection. Within the medical information available for review, there is documentation of diagnoses of L4-5 and L5-S1 herniation of the nucleus pulposus with instability, status post two level posterior lumbar interbody fusion with decompression, painful hardware, mild obesity, and post-surgical hardware pain. In addition, there is documentation patient was administered one injection of Toradol because of her significant flare up of pain and vitamin B-12 complex for nerve sheath treatment. Furthermore, there is documentation of severe pain. However, there is no documentation of acute pain that requires analgesia at the opioid level. As well as no documentation of a condition/diagnosis for which vitamin B12 injection is indicated (vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency). Therefore, based on guidelines and a review of the evidence, the request for Toradol Injection 60mg is not medically necessary.

Acupuncture times eight (8) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of L4-5 and L5-S1 herniation of the nucleus pulposus with instability, status post two level posterior lumbar interbody fusion with decompression, painful hardware, mild obesity, and post-surgical hardware pain. However, given documentation of a 8/9/09 date of injury, where there would have been an opportunity to have had previous acupuncture, it is not clear if this is a request for initial or additional (where acupuncture provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture times eight (8) for the lumbar spine is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of L4-5 and L5-S1 herniation of the nucleus pulposus with instability, status post two level posterior lumbar interbody fusion with decompression, painful hardware, mild obesity, and post-surgical hardware pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as

directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, given documentation of on-going treatment with Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150mg #60 is not medically necessary.

Topical TGHOT cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of L4-5 and L5-S1 herniation of the nucleus pulposus with instability, status post two level posterior lumbar interbody fusion with decompression, painful hardware, mild obesity, and post-surgical hardware pain. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Topical TGHOT cream is not medically necessary.