

<b>Case Number:</b>	CM14-0040405		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/25/2003
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 neck and low back pain reportedly associated with an industrial injury on March 25, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy. In an utilization review report dated March 3, 2014, the claim's administrator denied a request for intramuscular injection of vitamin B12, denied a prospective request for vitamin B12 injection, denied a prospective request for Toradol injection, denied a request for Flector patches, denied electrodiagnostic testing of upper extremities, denied CPAP supplies including mask and filters, and denied knee braces. The applicant's attorney subsequently appealed. On May 8, 2014, the applicant presented with multifocal bilateral shoulder, bilateral elbow, wrist, neck, low back, abdominal, hip, knee, and ankle pain, highly variable, rated at 9/10 at present. The applicant was receiving in-office Toradol injections, it was further noted and in-office vitamin B12 injections, which the applicant posited were ameliorating her depression and improving her energy levels. The applicant was also using Soma, Vicodin, Motrin, Neurontin, and metformin, it was noted. The applicant was diabetic, it was further noted. The applicant was described as obese, standing 5 feet 5 inches tall, and weighing 248 pounds. CPAP supplies, a shower mat, and orthopedic mattress were requested while the applicant was placed off of work, on total temporary disability. The applicant was reporting difficulty performing even basic activities of daily living including reaching, twisting, stooping, bending, and lifting. The applicant also reported pain-induced insomnia, it was further noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Intramuscular injection of 1000mcg B12: 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 (chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, however, vitamins are not recommended in the treatment of chronic pain absent concrete, compelling evidence of nutritive deficits or nutritional deficit states. In this case, there is no evidence that the applicant is in fact vitamin B12 deficient. Therefore, the request is not medically necessary.

### **1 injection of Toradol 60mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol section Page(s): 72. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11.

**Decision rationale:** While the MTUS does not address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that oral ketorolac or Toradol is not recommended for minor or chronic painful conditions. In this case, the attending provider has posited that the applicant is receiving injections of Toradol in the office setting on the long-term/scheduled/monthly basis in conjunction with office visits. This is not supported either by page 72 of the MTUS Chronic Pain Medical Treatment Guidelines or by the Third Edition ACOEM Guidelines, which note that injectable Toradol is an option to treat applicants who presented to the Emergency Department with acute flares of musculoskeletal low back pain. In this case, however, it was noted previously, the applicant does not have any acute flares of pain. Rather, the applicant is receiving injectable Toradol on an intermittent or chronic basis. This is not recommended. Therefore, the request is not medically necessary.

### **Flector 1.3mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac or Voltaren is indicated in the treatment of small joints arthritis in joints which lend themselves toward topical application, such as, for instance, the knees, ankles, feet, hands, wrists, etc. In this case, the applicant has widespread multifocal pain about the spine, including the neck, lower back, hip, and shoulders. Several of the applicant's primary pain generators, thus, are body parts for which topical ketorolac/Toradol/Flector has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, thus, the applicant's pain is too widespread to be readily amenable to topical application. Therefore, the request is not medically necessary.

**1 Bilateral knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340 for the average applicant, a knee brace is usually unnecessary. A knee brace is usually necessary only if an applicant is going to be stressing the knee under load, such as with climbing ladders or carrying boxes. In this case, however, the applicant is off of work, on total temporary disability. The applicant is unlikely to be stressing the knee under load. The applicant is unlikely to be carrying ladders and/or carrying boxes. Therefore, the proposed knee brace is not medically necessary.