

Case Number:	CM14-0048888		
Date Assigned:	06/23/2014	Date of Injury:	02/15/2008
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 Medicine and is licensed to practice in Texas. 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 36 year old male who sustained an injury on 02/15/08 while grabbing a heavy filter. The injured worker felt a pop in the low back followed by development of low back pain. The injured worker had prior lumbar discectomy in 09/08 and had also been followed for bilateral shoulder pain and tenderness to palpation in the thoracic spine and lumbar spine. The injured worker was also receiving psychological treatment for mixed anxiety and depression and insomnia. The injured worker was being followed by a pain management specialist. The injured worker was also receiving medications from another treating physician, to include Lidoderm patches and Butrans patches. The injured worker was seen by the pain management specialist on 01/23/14 with continuing complaints of low back pain. The injured worker was pending consideration for an artificial disc replacement. The pain management physician indicated the injured worker was benefitting from treatment, however no specifics were given. Physical examination noted limited range of motion in the lumbar spine. There were sensory deficits involving lower extremities. Reflexes were 1-2+ and symmetric. The injured worker was recommended to continue utilizing Norco 10/325 mg however this was recommended to continue utilizing Norco 10/325 mg. The injured worker was also continued on Prilosec at this visit. The injured worker was continued on Lidoderm patches and Butrans patches by the other treating physician. Follow up with the pain management physician on 02/27/14 noted unchanged symptoms in the back, lower extremities and bilateral shoulders. Physical examination findings remained essentially unchanged. The injured worker received an injection of vitamin B12 complex at this visit. The injured worker was recommended to continue with glucosamine Flexeril gabapentin Voltaren topical cream. As of 03/06/14 the injured worker was prescribed sprix spray in anticipation of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Cream #100 (dosage unspecified): Upheld

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

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

Decision rationale: In regards to the request for Voltaren Cream quantity 100, this reviewer would not have recommended this medication as medically necessary. It is unclear whether the injured worker was being prescribed a topical Voltaren cream when the injured worker was already utilizing topical Lidoderm patches prescribed by a different physician. Guidelines would not recommend multiple compound or multiple topical analgesics for ongoing neuropathic complaints or musculoskeletal pain. There was also no indication from the clinical records that the injured worker was able to tolerate standard oral medications such as anti-inflammatories or that oral medication use was contraindicated. Therefore this reviewer would not have recommended this request as medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Flexeril Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63-67 Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril 10mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication at this time.

Glucosamine/Chondroitin #100 (dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine, page(s) 50 Page(s): 50.

Decision rationale: In regards to the request for Glucosamine quantity 100, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Glucosamine is recommended as an option in the treatment of symptomatic osteoarthritis particularly in the knee. From the clinical records provided for review there is no evidence establishing that the injured worker had any clear symptomatic osteoarthritis which would have reasonably required the use of this medication. Therefore, this reviewer would not have recommended this request as medically necessary.

Retrospective Vitamin B12 Complex injection, 2cc's, performed on 2/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Pain, Vitamin B.

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, Vitamin B.

Decision rationale: In regards to the request for the retrospective Vitamin B12 complex injection performed on 02/27/14, there was no clinical indication for this procedure. The clinical documentation did not establish any deficits on laboratory studies that would have benefitted from the vitamin B12 injection. Although commonly performed, the efficacy of vitamin B12 injections in treatment of chronic pain is not well supported in the clinical literature. Given the lack of any specific clinical findings to support the use of a vitamin B12 injection this reviewer would not have recommended this procedure as medically necessary.

Retrospective Toradol injection, 2cc's, performed on 2/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

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, Ketorolac (Toradol).

Decision rationale: In regards to the requested retrospective Toradol injection performed on 02/27/14, this reviewer would not have recommended this procedure as medically necessary or appropriate. The injured worker did not present with any active radicular findings on physical examination that would have reasonably benefitted from an oral steroid that would have benefitted from a steroid injection. Given the absence of any clear progressive neurological deficit consistent with lumbar radiculopathy as of 02/27/14, this reviewer would not have recommended this request as medically appropriate.