

Case Number:	CM14-0048902		
Date Assigned:	06/25/2014	Date of Injury:	08/26/2008
Decision Date:	07/23/2014	UR Denial Date:	03/26/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old female who was injured on 8/26/08 after slipping and falling onto the right knee. She was diagnosed with cervical sprain, lumbar sprain, contusion of the knee, contusion of the ankle, sprain of the ankle, cervical discopathy with radiculitis, internal derangement bilateral ankles, lumbar discopathy with radiculitis, adjustment disorder, fibromyalgia, chronic headaches, insomnia, and carpal tunnel syndrome. She later continued to experience chronic pain in her neck, lower back, knees, and ankles with radicular pain in arms and legs to the point where she began seeing a pain specialist. She was treated with conservative measures including oral medications, exercise, manipulation, acupuncture, as well as more invasive measures including epidural injections (neck), Toradol injections, and surgery (knee, back). On 2/13/14, the worker was seen by her treating pain medicine physician complaining of neck pain radiating to both arms as well as low back pain radiating down both legs, rating the pain level at a 10/10 without medications and 8/10 with medications (on pain scale). The physical examination revealed tenderness of the cervical muscles, lumbar muscles, shoulders, elbows, wrists, hips, and knees. She was then recommended aqua therapy as well as medications including Cymbalta, Gabapentin, Pantoprazole, Topamax, Tizanidine, and Cartivisc. She again was seen by her pain medicine physician complaining of worse overall pain since the prior visits, but yet rated her pain at a 10/10 without medications and 8/10 with medication use on pain scale. The physical examination was essentially the same as the prior visits with tenderness throughout. She was then given a Toradol injection for her worsened pain, reportedly, and recommended another cervical epidural (the worker had success with this in the past). She was again recommended the same medications as the prior visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol/B12 Injection (cervical, lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Treatment in Workers' Compensation, Pain Procedure, Ketorolac (Toradol) Official Disability Guidelines, Treatment in Workers' Compensation, Pain Procedure, Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pages 67-73 Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. Toradol is specifically not recommended for minor or chronic pain. It is clear that she has had Toradol in the past, including at an ER visit at least once, but recorded reports contradict whether or not she was having an acute flare up of her chronic pain. Also, no record could be found documenting whether it was effective or not in the past at controlling her pain or improving her function, therefore without prior documentation of effectiveness and lack of clarity of whether she was having an acute flare up or not in the documentation, the Toradol injection is not medically necessary.

Tizanidine 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants pages 63-66 Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. This has been used chronically for the patient and is not recommended for the duration of time she has been using it, and it is unclear if she did or did not have an acute flare to justify a short extension of its use, therefore, the Tizanidine is not medically necessary.

Topamax 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Topamax.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, pages 16-22 Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. The worker had been using this medication presumably for her chronic headaches which seemed to be migrainous in nature, but no record of migraines was found in the notes provided for review. She had been given other medicines for her headaches before this one. There was no evidence found in the record of this medicine improving function or pain, or how it compared to other treatments, or why other treatments were discontinued in order to consider this medication as medically necessary. Therefore, the Topamax is not medically necessary.

Pool Therapy with transportation (cervical, lumbar) frequency and duration not included:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic Therapy..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, page(s) 45-47 Page(s): 45-47. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Gym membership and Knee section, Transportation.

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address pool therapy. The ODG discusses when a gym membership is recommended (if that is where the pool therapy was intended to take place) for injuries and chronic pain. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. The MTUS is silent on whether or not transportation is necessary or not for chronic pain or injuries. The ODG states that for knee injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-

transporting themselves to their appointments. In the case of this worker, no evidence was found in the record of this patient having a specific need for pool therapy as opposed to land-based therapy. No discussion in the treating physician's notes explains why pool therapy or transportation to this therapy is required in this situation, therefore, without this documentation, the pool therapy and transportation is not medically necessary.