

<b>Case Number:</b>	CM14-0079564		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 65 year old female was reportedly injured on June 13, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of back pain, bilateral shoulder pain, bilateral hand pain, knee pain, epigastric pain, stress, and depression. The physical examination demonstrated tenderness over the cervical and lumbar spine paravertebral muscles, decreased cervical and lumbar spine range of motion, left shoulder noted tenderness at the AC joint, bicipital groove, and rotator cuff muscle, positive Apley's scratch test, and near full range of motion. Diagnostic imaging studies of the cervical spine reveals disk desiccation from C2 through C7 as well as a disc herniation at C4 to C5 which contacts the bilateral exiting C6 nerve roots. An MRI of the lumbar spine reveals disk herniations from L1 through L5 and a disc herniation at L4 to L5 causes stenosis of the spinal canal. An MRI of the left shoulder revealed acromioclavicular joint osteoarthritis and tendinosis of the supraspinatus and infraspinatus tendons. Previous treatment includes physical therapy, chiropractic therapy, occupational therapy, and acupuncture. A request was made for Capsaicin gel, a 60 milligrams Toradol injection, Mobic, and a Vitamin B injection and was not certified in the preauthorization process on May 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription Capsaicin gel 0.025% 60gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 29.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, Capsaicin gel is recommended as a topical analgesic agent only for individuals who have not responded or are intolerant to other treatments. The medical records do not indicate that there is intolerance to other medications. Therefore this request for Capsaicin gel is not medically necessary.

**1 Toradol 60mg injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; See NSAIDs "GI symptoms and cardiovascular risk;" NSAIDs, "specific drug list & adverse effects;" and Keterolac (Toradol). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Keterolac injections; Official Disability Guidelines, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac, Updated September 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines (ODG) intramuscular Toradol injections are not indicated for chronic pain conditions. Considering the injured employees diagnoses, this request for a 60 mg Toradol injection is not medically necessary.

**1 prescription Mobic 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Meloxicam (Mobic, generic available) 7.5mg, 15mg. Dosing: osteoarthritis, package insert.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** A review of the medical records indicates that the injured employee has been diagnosed with an H pylori infection and has complaints of epigastric pain. Therefore continued long term usage of anti-inflammatories is not recommended. Considering this, the request for Mobic 15 milligrams, #60, is not medically necessary.

**1 vitamin B complex 1 ml 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, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin D, Updated September 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines vitamin B is frequently used for treating peripheral neuropathy however the efficacy is not clear. The limited data available states that there is insufficient evidence to determine whether vitamin B is beneficial or harmful. As such, this request for a vitamin B complex injection is not medically necessary.