

Case Number:	CM14-0197382		
Date Assigned:	12/05/2014	Date of Injury:	02/16/2013
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine and is licensed to practice in New York. 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 50 year old woman with a date of injury of 2/16/13. The most recent provider note in the available records is dated 7/23/14 during an orthopedic agreed medical examination. She complained of constant pinching pain into her upper and lower back and right shoulder with radiation to her left buttock and left leg. She also had intermittent pain and swelling of her left knee. Her current medications were Norco, ibuprofen and Tylenol 3. Her exam was significant for right paraspinal and trapezius tenderness and negative axial compression test. She had normal range of motion in her cervical spine and minimal decrease in range of motion of the right shoulder. Her lumbar spine exam was unremarkable and she had a non-antalgic gait and normal lower extremity strength. She had crepitus of the left knee and pain on palpation of the medial joint line. Her diagnoses were herniated nucleus pulposus of the cervical spine with radiculitis, impingement syndrome, rotator cuff tendinosis - right shoulder and status post left knee arthroscopy. At issue in this review are the medications: Flexeril, Naflon, Protonix, Toradol injection, Dexamethasone injection, Depo-Medro injection and vitamin B12 injection that were dispensed/administered on 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 (dispensed): Upheld

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

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

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The available records fail to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of flexeril is not substantiated in the records.

Naflon 400mg #90 (dispensed): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The available medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of Naflon is not substantiated in the records.

Protonix 20mg #60 (dispensed): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do

not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Protonix.

Toradol injection 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The available medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of Toradol injection is not substantiated in the records.

Dexamethasone injection 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 165-193, 195-224.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. The available medical records fail to provide rationale or medically justify the use of a Dexamethasone Injection with regards to efficacy, function or potential side effects. The medical necessity of a Dexamethasone Injection is not substantiated in the records.

Depo-medro injection 80mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 165-193, 195-224.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. The available medical records fail to provide rationale or medically justify the use of a depo-medro injection with regards to efficacy, function or potential side effects. The medical necessity of a depo-medro injection is not substantiated in the records.

Vitamin B-12 injection 1000c mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Diagnosis and treatment of vitamin B12 and folate deficiency

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. The available records do not document a low vitamin B12 level, megaloblastic anemia or peripheral neuropathy to justify the medical necessity of a vitamin B12 injection. The requested treatment is not medically necessary and appropriate.