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| <b>Case Number:</b>   | CM14-0203962 |                              |            |
| <b>Date Assigned:</b> | 12/16/2014   | <b>Date of Injury:</b>       | 10/03/2012 |
| <b>Decision Date:</b> | 02/10/2015   | <b>UR Denial Date:</b>       | 11/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2014 |

### 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 chronic low back and neck pain reportedly associated with an industrial injury of October 3, 2012. In a Utilization Review Report dated November 7, 2014, the claims administrator failed to approve a request for alpha-lipoic acid, Taurine, a Toradol injection, and a vitamin B12 injection. The claims administrator referenced progress note of August 14, 2014 and September 18, 2014, in its determination. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and low back pain, 7 to 10/10. Ancillary complaints of elbow, forearm, knee, and shoulder pain were also reported. Functional capacity evaluation, GABA done, Theramine, Percocet, Lyrica, and topical compounded medications were endorsed. In a progress note dated October 2, 2014, the applicant reported 8 to 10/10 low back, knee, and leg pain. The applicant was given prescriptions for GABA done, Percocet, BuTrans, FluriFlex, Lyrica, and various dietary supplements and epidural injections were unsuccessful. The applicant was placed off of work, on total temporary disability, for an additional 45 days. On September 18, 2014, DNA testing, functional capacity evaluation, Theramine, GABA done, alpha-lipoic acid, Taurine, and various other topical compounds were endorsed and the applicant was kept off of work, on total temporary disability. Vitamin B12 injection and a Toradol injection were performed. 7 to 8/10 pain was also noted. The applicant stated that an epidural injection was unsuccessful. The applicant was reportedly in a "great deal of pain" following the epidural injection. A Toradol injection was apparently given for flare of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alpha Lipoic Acid #14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rev Diabet Stud, 2009, 6(4): :230-326. Alpha-Lipoic Acid and Diabetic Neuropathy

**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, Dietary Supplements section.

**Decision rationale:** Alpha-Lipoic Acid, per the product description, is a dietary supplement. The MTUS do not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Alpha-Lipoic Acid are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position of article at issue. Therefore, the request is not medically necessary.

**Taurine #14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Dietary Supplements section.

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Taurine are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits for favorable outcomes in the treatment of the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would support provision of Taurine in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

**Toradol Injection for the lumbar and cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available).

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

**Decision rationale:** While the MTUS do not address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac or Toradol is not recommended in the treatment of minor or chronic painful conditions. By implication, oral ketorolac or Toradol is likewise not indicated in the treatment of minor or chronic painful conditions. However, in this case, the applicant presented on September 18, 2014, reporting an acute flare of severe neck and low back pain following a failed epidural injection. Injectable Toradol was indicated to combat the same, particularly in light of the fact that the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that single dose of ketorolac (Toradol) appears to be useful alternative to opioids in applicants who present to the emergency department with severe musculoskeletal back pain. Here, by analogy, the applicant presented to the clinic setting with flare of severe back and neck pain. An injection of Toradol was indicated to combat the same. Therefore, the request is medically necessary.

**B12 injection for the lumbar and cervical spine:** 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), Vitamin B

**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. However, the Third Edition ACOEM Guidelines note that vitamins are not recommended in the treatment of chronic pain since some documented nutritional deficiency or documented nutritional deficits state. Here, there was no evidence that the applicant carried a bona fide diagnosis of clinically-evident, laboratory-confirmed vitamin B12 deficiency. Therefore, the request for vitamin B12 injection is not medically necessary.