

<b>Case Number:</b>	CM14-0204471		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/08/1995
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 70-year-old female with date of injury of 03/08/1995. The listed diagnoses from 10/03/2014 are: 1. Cervical radiculopathy. 2. Neck pain. 3. Total body pain. 4. Chronic pain syndrome. 5. Bilateral carpal tunnel syndrome, status post right carpal tunnel release approximately 1992. 6. Bilateral medial and lateral epicondylitis. 7. Tension headaches. 8. Chronic pain related insomnia. 9. Myofascial syndrome. 10. Neuropathic pain. 11. Chronic pain related depression. 12. Atypical fibromyalgia diagnosed by another physician. According to this report, the patient complains of bilateral shoulder, arms, and hand pain with cold sensitivity. She rates her pain 8/10 to 9/10. The patient states that she is unable to sleep at night due to the pain and she takes Valium just to try to fall back asleep. She is very frustrated and is in distress today. There is no physical examination provided on this and other reports aside from vital statistics. Treatment reports from 01/15/2014 to 12/19/2014 were provided for review. The utilization review denied the request on 11/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 injection of Toradol 60mg IM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ketorolac Page(s): 72.

**Decision rationale:** This patient presents with bilateral shoulder, arms, and hand pain. The MTUS Guidelines page 72 on ketorolac (Toradol) states, "This medication is not indicated for minor or chronic painful conditions." The records show that the patient has not received a Toradol injection in the past. The treating physician is requesting Toradol for the patient's "acute pain." However, review of reports from 01/15/2014 to 12/19/2014 show that the patient consistently reports 8-9/10 pain. While the guidelines support a Toradol injection for flare-ups, it is not supported in chronic conditions which the patient presents with. The request is not medically necessary.

**Prospective request for 1 injection of vitamin B12 2cc IM:** 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 Other Medical Treatment Guideline or Medical Evidence: AETNA on Vitamin B-12

**Decision rationale:** This patient presents with bilateral shoulder, arm, and hand pain. The MTUS, ACOEM and ODG Guidelines do not address this request. However, Aetna considers vitamin B-12 injections medically necessary only for patient with current or previously documented B-12 deficiency and any of the following diagnoses and conditions: anemia, gastrointestinal disorders, neuropathy, dementia secondary to B12 deficiency, Homocystinuria, etc. Administration of vitamin B-12 injections for more than 2 to 3 months is subject to review to ascertain if deficiency/abnormalities have improved and to decide whether continued treatment is medically necessary. The records show that the patient received a vitamin B12 injection on 04/28/2014. The treating physician is requesting vitamin B12 injection for "nerve health and myofascial pain." In this case, the patient does not meet the criteria given by AETNA for continued vitamin B12 therapy. The request is not medically necessary.

**Prospective request for 1 prescription of Flurbiprofen/Flexeril compounded ointment 240grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, non-steroidal anti-inflammatory agents, muscl.

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

**Decision rationale:** This patient presents with bilateral shoulder, arm, and hand pain. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for

neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The records show that the patient was prescribed Flurbiprofen/Flexeril compound on 03/06/2014. Flexeril a muscle relaxant is currently not supported in topical formulation by the MTUS Guidelines. The request is not medically necessary.

**Prospective request for 1 prescription of Relaxin sleep herbal formula #30: 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 Other Medical Treatment Guideline or Medical Evidence: Labor Code 4610.5 (2)

**Decision rationale:** This patient presents with bilateral shoulder, arm, and hand pain. The 10/03/2014 report notes that the treating physician is prescribing Relaxin for the patient's insomnia. Relaxin is an herbal supplement and it is not FDA approved to treat any medical condition. Labor Code 4610.5 (2) definition of medical necessity "medically necessary" and "medical necessity" meaning medical treatment that there is reasonably required to cure or relieve the injured employee of the effects of his or her injury." In this case, there is currently no guideline to support the use of Relaxin for insomnia treatment and it does not meet the definition for "medical necessity" according to the Labor Code 4610.5 (2). The request is not medically necessary.