MAXIMUS Federal Services

Case Number:	CM14-0209844		
Date Assigned:	12/22/2014	Date of Injury:	11/04/2000
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 51 year old female with an injury date of 11/04/00.Per physician's progress report dated 12/02/14, the patient is status post decompression surgery of cauda equina x 2 (date not mentioned). Currently, the patient complains of lower back pain and positional numbness and tingling in both feet. She also has lower left extremity weakness, and weak thigh flexors. Her left leg gives out. The patient has also sustained shoulder derangement and head injury, as per the same report. Physical examination reveals deep cramping in the lower extremities, especially since cervical decompression, along with dense numbness bilaterally. Cervical rotation is 40 degrees bilaterally with discomfort and crepition. Abduction of the right shoulder is uncomfortable as well. Forward flexion and extension of knee are at 10 degrees with some guarding. Straight leg raise is positive on the right. In progress report dated 11/03/14, the patient rates her back pain at 6/10. Physical examination revealed tenderness, spasm, tight muscle band, and trigger points at T9-10. Medications, as per progress report dated 12/02/14, include Norco, Omeprazole, Topamax, Gabapentin and Ibuprofen. The patient received a trigger point injection on 11/03/14, as per the progress report with the same date. The patient had a medial branch block on 08/01/14 with no relief, as per progress report dated 10/01/14. CT of the Lumbar Spine (date not mentioned), as per progress report dated 12/02/14: Significant left lateral recess stenosis at L4-5 and L5-S1MRI of the Lumbar spine (date not mentioned), as per progress report dated 10/01/14: Hypertrophied facets at L3-4, L4-5 and L5-S1. Diagnoses, 12/02/14:- Lumbar sprain with disc extrusion status post decompression surgery of cauda equina x 2- Right shoulder sprain with internal derangement- Cervical myeloradiculopathy and segmental instability and

ossification of the posterior longitudinal ligament, status post C3 to T1 laminectomy and posterolateral instrument fusion.- Local Allograft and hardware with bilateral foraminotomy, C3, C4, C5, C6, C7 and T1. Partial correction of cervical kyphosis on 11/24/12. - Left foot calf spasms at bedtime with contracture probably from cervical spinal cord injury- Bilateral upper extremity numbness and tingling - Closed head injury with persistent memory deficit, post-traumatic headaches, and impaired concentrationThe treater is requesting for (a) FLECTOR 1.3% PATCH # 30 (b) RETROSPECTIVE REQUEST FOR COMBINED TORADOL / B12 INJECTION GIVEN IN OFFICE ON 12/03/14. The utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 10/01/14 - 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient complains of neck and lower back pain and positional numbness and tingling in both feet along with lower left extremity weakness, and weak thigh flexors, as per progress report dated 12/02/14. The request is for FLECTOR 1.3% PATCH # 30. The patient is status post decompression surgery of cauda equina x 2 (date not mentioned), as per the same progress report. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." This patient presents with discomfort and pain in foot but not for other areas. In progress report dated 12/02/14, the treater states that the patient "is frequently awakened by pain and has found samples of Flector patch to be helpful." However, the treater does not mention where the flectors patches are used for. The patient presents with multiple area pains, and there is no documentation that this topical is being used for the patient's peripheral joint problems as it is not indicated for neck and shoulder issued. The request is not medically necessary.

Retrospective request for combined Toradol/B12 injection given in office on 12/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Pain (chronic), Vitamin B

Decision rationale: The patient complains of neck and lower back pain and positional numbness and tingling in both feet along with lower left extremity weakness, and weak thigh flexors, as per progress report dated 12/02/14. The request is for retrospective request for combined toradol / b12 injection given in office on 12/03/14. The patient is status post decompression surgery of cauda equina x 2 (date not mentioned), as per the same progress report. California MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." ODG guidelines, chapter 'Pain (chronic)' and topic 'Vitamin B', states, "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear." Although the UR letter states that the patient received the Toradol / B12 injection on 12/03/14, progress report dated 12/02/14 states that the injections were given on that day during the visit. The patient has received Toradol /B12 injections on 11/03/14 and 10/01/14 also, as per the respective progress reports. She got two separate injections on the same day. In progress report dated 12/02/14, the treater states that "Toradol is a potent analgesic that is helpful in relieving both acute and chronic pain symptoms. There is evidence that supratherapeutic B12 supplementation enhances the pain reliving affects of other medications, increases duration and efficacy of NSAIDs, and is useful for the treatment of neuropathic pain syndromes." However, it is not clear why the patient needs Toradol injection as opposed to oral NSAIDs, which provide comparable level of analgesia. MTUS does not recommend this medication for "minor or chronic pain." Additionally, ODG guidelines do not recommend the B12 injection for chronic pain this request is not medically.