MAXIMUS Federal Services

Case Number:	CM15-0184341		
Date Assigned:	10/15/2015	Date of Injury:	05/10/2011
Decision Date:	12/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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 & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury on 5-10-11. A review of the medical records indicates that the worker is undergoing treatment for bilateral upper extremity overuse tendinopathy, arm-forearm and wrist contusion, post-traumatic hand capsulitis, left elbow epicondylitis status post left elbow surgery, status post previous bilateral carpal tunnel release, anxiety and depression, internal medicine complaints, sleep disorder, shoulder impingement, elbow epicondylitis, lumbago, upper extremity neuropathic process, left upper extremity with hand contracture, and right knee mild to moderate arthrosis with possible internal derangement; meniscal tear. Subjective complaints (8-7-15) include neck pain (rated 7 out of 10), bilateral shoulder pain (rated 8 out of 10), bilateral elbow pain (rated 7 out of 10), bilateral hand-wrist pain (rated 8 out of 10), low back pain (rated 5 out of 10), right knee pain (rated 10 out of 10) and right leg pain (rated 10 out of 10). Objective findings (8-7-15) include a slightly antalgic gait, abnormal skin color and cool temperature of bilateral hands, positive Tinel's, present Phalen's sign, right knee tracking abnormal, positive patellar grind, positive McMurray's, and a lump proximal to the superior pole of the patella. A rheumatoid variant type of appearance to her hand with locking, numbness and tingling is noted. Previous treatment includes medication, physical therapy, acupuncture, and 2 intramuscular injections (8-7-15): Toradol and Vitamin B12 complex and Vitamin B12 Cyanocobalamin. Work status is noted as currently not working. Requests for authorization are dated 8-7-15. On 9-8-15, the requested treatment of 50 Ibuprofen 800mg, 90 Robaxin 750mg, Vitamin D 50,000 unit, Flurbi-Baclo-

Dexam-Cyclo 10-10-2-2% 180 gram, intramuscular injection of Toradol 2cc, intramuscular injection of vitamin B12 complex 2cc and vitamin B12 Cyanocobalamin 2cc was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin (ibuprofen) is not medically necessary.

Robaxin 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested methocarbamol (Robaxin) is not medically necessary.

Vitamin D 50,000 unit: Upheld

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

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

Decision rationale: Regarding the request for 1 prescription of Vitamin D 50,000 unit, Official Disability Guidelines (ODG) state that, if necessary, vitamin D supplementation is recommended for consideration in chronic pain patients. ODG state that Vitamin D deficiency is not considered a workers' compensation condition. Inadequate vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal and involves many areas of tenderness to palpation should consider checking vitamin D level. For example, many patients who have been labeled with fibromyalgia may be suffering from symptomatic vitamin D inadequacy. There is also a correlation between inadequate vitamin D levels and the amount of narcotic medication taken by chronic pain patients. Within the documentation available for review, there are no subjective complaints of diffuse pain, and there are no documented objective findings of multiple areas of tenderness to palpation. Furthermore, the requesting physician has not identified lab work demonstrating a low vitamin D level. In the absence of such documentation, the currently requested Vitamin D 50,000 unit is not medically necessary.

Flurbi/Baclo/Dexam/Cyclo 10/10/2/2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for 1 prescription of Flurbi/Baclo/Dexam/Cyclo 10/10/2/2% 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested 1 prescription of Flurbi/Baclo/Dexam/Cyclo 10/10/2/2% 180gm is not medically necessary.

1 Intramuscular Injection of Toradol, 2cc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Toradol Official FDA Information (http://www.drugs.com/mtm/toradol-im.html).

Decision rationale: Regarding the request for 1 Intramuscular Injection of Toradol, 2cc, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of severe pain. However, guidelines note it is not indicated for chronic painful conditions, and there is no documentation of a recent flare up with new or worsened objective findings. As such, the currently requested 1 Intramuscular Injection of Toradol, 2cc injection is not medically necessary.

1 Intramuscular Injection of Vitamin B12 Complex 2cc and Vitamin B12 Cyanocobalamin 2cc: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B.

Decision rationale: Regarding the request for "1 Intramuscular Injection of Vitamin B12 Complex 2cc and Vitamin B12 Cyanocobalamin 2cc" California MTUS guidelines do not contain criteria for the use of B12. ODG states that vitamin B is not recommended. They go on to state that when comparing vitamin B with placebo, there is no significant short-term benefit in pain intensity. As such, the current request for "1 Intramuscular Injection of Vitamin B12 Complex 2cc and Vitamin B12 Cyanocobalamin 2cc" is not medically necessary.