

Case Number:	CM15-0223139		
Date Assigned:	11/19/2015	Date of Injury:	02/27/2015
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 46 year old female who reported an industrial injury on 2-27-2015. Her diagnoses, and or impressions, were noted to include: lumbar sprain; muscle spasms, back; lumbosacral spinal stenosis; lumbar-lumbosacral spondylosis; chronic pain syndrome; long-term use of opiate analgesics. No imaging studies were noted. Her treatments were noted to include: "extensive conservative care"; injection therapy; medication management; and a return to regular duty with the possibility of needing restrictions on hours or possibly days with time off work. The progress notes of 10-21-2015 reported that she was helped by 6 sessions of chiropractic care which reduced her pain from 7 out of 10, to 4 out of 10, allowing for her to work. The objective findings were noted to include: positive facet loading, axial pain, and facet arthropathy (per MRI); and a reduction in pain with no evidence of abuse from her medications. The physician's requests for treatment were noted to include: Ibuprofen 600 mg twice a day with food, #60, and if not effective to change to Voltaren XR; being given a B-12-Toradol injection for ongoing pain and to reduce opiate use. The progress notes of 10-16-2015 noted a request for chiropractic treatments at 2 x a week x 3 weeks. The Request for Authorization, dated 10-21-2015, was noted to include: 6 sessions of chiropractic care over 12 weeks; Ibuprofen 600 mg, #60; and B-12-Toradol intramuscular injection. The Utilization Review of 11-2-2015 non-certified the request for: 6 chiropractic sessions for the lumbar spine; Ibuprofen 600 mg, #60; and an intramuscular B-12-Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro care 6 sessions, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, it was reported that previous attendance to a chiropractor was "helpful," however; this isn't enough information to show how effective these were at improving overall function and lowering pain, independent of other strategies. Also, no number of sessions attended was included in the notes provided for review. Therefore, without more clear evidence for appropriateness and effectiveness, this request for additional chiropractor sessions will be considered medically unnecessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there is record of many months of chronic low back pain following the injury. NSAIDs appear to have been used throughout this time (topical and oral). The addition of ibuprofen cannot be justified as chronic use of any NSAID, especially multiple drugs, increases side effect risk and is not recommended for low back pain. Therefore, this request for ibuprofen will be considered medically unnecessary.

B12 Toradol IM injection: 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), Shoulder; Ketorolac injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ketorolac Pain section, Vitamin B and Other Medical Treatment Guidelines Langan RC, et. al., Update on vitamin B12 deficiency. Am Fam Physician. 2011 Jun 15; 83 (12): 1425-30.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. Ketorolac (Toradol), is an NSAID typically use in injectable form for acute pain, and is not indicated for minor or chronic painful conditions. The oral form is only recommended to be used for short durations (up to 5 days) in management of moderately severe acute pain, and should not be given as an initial dose, but only as a continuation after an intravenous or intramuscular dose. The MTUS Guidelines do not address vitamin B12 injections. The ODG, however, states that vitamin B supplementation is not recommended for the general treatment of chronic pain, particularly peripheral neuropathy, as the efficacy is not clear. However, in cases of specific deficiency of vitamin B12, such as in pernicious anemia, there is a clear benefit to supplementing (injected, sublingual, or oral). Studies over the past 20 or more years have suggested and confirmed that oral vitamin B12 supplementation is just as an even more effective at correcting vitamin B12 deficiency, even in cases of pernicious anemia and gastrectomy, and the cost is less to do it this way. In the case of this worker, there was no evidence of an acute flare of pain, but rather chronic levels of pain from the recent note provided for review at the time of the Toradol/B12 injection. Also, as the Guidelines suggest B12 supplementation should not be used for chronic pain unless there is a clear low level of B12 documented, which was not seen in the records, then this injection would be considered medically unnecessary. At this time, the request is not medically necessary.