

Case Number:	CM15-0052174		
Date Assigned:	03/25/2015	Date of Injury:	10/01/1991
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 1, 1991. In a Utilization Review report dated March 4, 2013, the claims administrator failed to approve a request for a Toradol-vitamin B12 combination injection. An intrathecal pain pump refill was also seemingly denied. The claims administrator referenced an RFA form received on February 23, 2015 and a progress note of February 9, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated February 23, 2015, Dilaudid, tizanidine, an orthopedic surgery evaluation, physical therapy, a urine drug screen, Ambien, and naloxone were endorsed. In an associated progress note dated February 9, 2015, the applicant reported ongoing complaints of neck pain radiating into the bilateral upper extremities and low back pain radiating into the bilateral lower extremities. 8/10 pain with medications versus 10/10 pain without medications was noted. The applicant stated that various activities of daily living were constrained secondary to ongoing pain complaints, including self-care, personal hygiene, ambulating, and sleeping. The applicant was status post earlier failed lumbar spine surgery, it was incidentally noted. The applicant had developed derivative complaints of depression and anxiety. An intrathecal pain pump was refilled. A vitamin B12-Toradol injection was administered. The applicant was declared "permanently disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Toradol 60 mg with B-12 injection for 2-9-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.

Decision rationale: No, the request for a Toradol-vitamin B12 injection administered on February 9, 2015 was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended in the treatment of chronic pain if nutritional deficiencies and/or nutritional deficit states are absent. Here, there was no evidence that the applicant carried an operating diagnosis of vitamin B12 deficiency. Therefore, the vitamin B12-Toradol injection was not medically necessary.

Retrospective request Intrathecal pump refill for 2-9-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs); Functional Restoration Approach to Chronic Pain Management Page(s): 52-53; 8.

Decision rationale: Similarly, the intrathecal pain pump refill was likewise not medically necessary, medically appropriate, or indicated here. While page 53 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intrathecal pain pumps may need to be refilled at regular intervals, this recommendation is, however, qualified by commentary made on page 52 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an intrathecal pain pump should only be employed on a permanent basis following a successful temporary trial of the same and by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, the treating provider acknowledged on February 9, 2015. The applicant had been deemed permanently disabled, it was noted on that date. The applicant continued to report pain complaints as high as 8-10/10, despite ongoing usage of the intrathecal pain pump. Ongoing usage of the intrathecal pain pump had failed to curtail the applicant's dependence on oral opioids such as Dilaudid. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the intrathecal pain pump. Therefore, the intrathecal pain pump refill was not medically necessary.