

<b>Case Number:</b>	CM15-0057260		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 54 year old female, who sustained an industrial injury on 10/29/2010. The initial complaints or symptoms included neck, back and right shoulder pain from repetitive task. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, and conservative therapies. Several documents within the submitted medical records are difficult to decipher. However, it was noted that the injured worker complained of continued numbness and tingling to the bilateral hands/fingers with the right greater than the left, neck pain, constant low back pain, bilateral shoulder pain with overhead work with left greater than right radiating symptoms. The diagnoses include cervical spine strain/sprain, bilateral upper extremity radiculopathy, bilateral shoulder strain/sprain, lumbar spine strain/sprain, right wrist carpal tunnel syndrome, and possible L5-S1 radiculopathy. The treatment plan consisted of medications (retrospective request for naproxen and Toprophan), MRI of the cervical and lumbar spines, EMG/NCV (electromyography/nerve conduction velocity) of the bilateral lower extremities, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Toprophan #30 DOS 2/18/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.encovachen.com](http://www.encovachen.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Herbal Medicines section.

**Decision rationale:** Toprophan is a medical nutritional supplement consisting of a combination of ingredients that may aid in falling and staying asleep. In this case, documents provided indicate the claimant reports difficulty sleeping but documentation lacks evidence of failed sleep hygiene techniques. Research studies have not proven efficacy of Toprophan. Guidelines state that vitamin B is not recommended. The request for Toprophan #30 is not medically appropriate and necessary.