

<b>Case Number:</b>	CM14-0125751		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant has a date of injury of 10/16/2012. The claimant is treated for neck pain with radicular symptoms. There had been a recent flare of pain, significant enough that the claimant considered seeking care in the emergency room for pain. Treatments have included physical therapy, acupuncture, trigger point injections, epidural steroid injections and medications. The requested treatments are Toradol injection (1), urine drug screen every three months, lidoderm patches and B12 injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Toradol injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Specific Drug list & adverse effects: Toradol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-68..

**Decision rationale:** CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. Toradol is not indicated for chronic use but is indicated in cases of flares of pain significant

enough to warrant consideration of use of narcotic pain medication. The medical records document a severe flare for which Toradol was requested. This use of single injection of Toradol is medically necessary.

**4 Urine Drug Screen, One Every 3 Months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the claimant is not prescribed any narcotic pain medication and, in fact, has a listed intolerance to opioid medication (severe nausea). There is no medical indication for urine drug screen and therefore, the request is not medically necessary.

**60 Lidoderm 5% Patch: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case state that Neurontin has been used previously. The use of Lidoderm patches is medically indicated.

**B12 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 Pain Chapter

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

**Decision rationale:** CA MTUS does not address the use of B12 therapy for neck pain. ODG states that accepted medical uses for Vitamin B 12 are to treat a documented deficiency of Vitamin B 12. B vitamins are not recommended in ODG for use for treatment of pain. The medical records submitted for this claimant do not describe any occupationally relevant deficiency of Vitamin B12. Therefore, the Vitamin B 12 injection is not medically necessary.