

Case Number:	CM14-0127904		
Date Assigned:	08/15/2014	Date of Injury:	10/27/2000
Decision Date:	10/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is an injured worker with a date of injury of 10/27/00. A utilization review determination dated 8/1/14 recommends non-certification of Toradol and vitamin B injections, Flexeril, and Ultram. Acupuncture was modified from 8 sessions to 6 sessions. 7/2/14 medical report identifies pain in the low back, upper back, and right shoulder. Pain has been increasing, but no pain scores are noted. On exam, there is tenderness, spasms, and limited ROM. Sensation is noted to be slightly abnormal with no specifics given. Toradol and Vitamin B injections were given. Other recommendations included Flexeril, Ultram, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Intramuscular injection with 2cc of Toradol DOS 7/2/14:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72.

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, Ketorolac (Toradol®)

Decision rationale: Regarding the request for intramuscular Toradol injection, CA MTUS does not address the issue. ODG notes that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the documentation available for review, it is noted that the injured worker has a chronic injury and there is no documentation of a significant exacerbation that would require the use of medication at the opioid level at the time of the injection. Furthermore, the injured worker was apparently already utilizing opioids and no clear rationale was provided for the addition of Toradol. In light of the above issues, the currently requested intramuscular Toradol injection is not medically necessary.

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Ang-Cochrane, 2008)

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 intramuscular injection with 2cc of B12 complex and 2cc of cyanocobalamin, CA MTUS does not address the issue. Per ODG, Vitamin B is "Not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful." Within the documentation available for review, there is no indication that this injured worker has a vitamin B deficiency that would support the use of supplementation, as it is not supported in the management of pain. In the absence of such documentation, the currently requested Intramuscular Injection with 2cc of B12 Complex and 2cc of Cyanocobalamin is not medically necessary.

8 Acupuncture Sessions for The Right Upper Back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the injured worker had chronic pain and there is support for a trial of up to 6 initial sessions, as was recommended by the prior utilization reviewer. However, the current request exceeds the 6-visit

trial recommended by guidelines and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested 8 Acupuncture Sessions for The Right Upper Back is not medically necessary.

1 Prescription of Flexeril 10mg #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of nonsedating 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 medication. 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 Flexeril is not medically necessary.

1 Prescription of Ultram 50mg #90 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Tramadol (Ultram, Ultram ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram is not medically necessary.