

Case Number:	CM14-0022075		
Date Assigned:	05/09/2014	Date of Injury:	05/22/2002
Decision Date:	08/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 Management 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 a patient with a date of injury of 5/22/02. A utilization review determination dated 2/18/14 recommends non-certification of vitamin B12 and Toradol injections, gym and pool membership, Ambien, tizanidine, Ultram, and urinalysis. It references a 1/17/14 medical report identifying neck and low back pain, left lower extremity symptoms and headache at the end of the work day, and burning left knee pain. On exam, there is an antalgic gait on the left, toe/heel walk is abnormal on the left, cervical tenderness with reduced ROM and spasm, lumbar tenderness with reduced ROM and spasms, and positive SLR bilaterally. Multiple drug screens are noted in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRAMUSCULAR INJECTION OF VITAMIN B12 COMPLEX (RETROSPECTIVE):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Vitamin B.

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: The ODG cites that 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." In light of the above issues, the current request is not medically necessary.

ONE (1) YEAR GYM AND POOL MEMBERSHIP AT 24 FITNESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: The ODG states that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the current request is not medically necessary.

AMBIEN 10MG #30:

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

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

Decision rationale: The ODG recommends the short-term use (usually two to six weeks) for patients with insomnia. Within the documentation available for review, there is no documentation of failure of non-pharmacologic treatment for insomnia, any significant improvement with the use of Ambien to date, and/or a clear rationale for the long-term use of the medication despite the recommendations of ODG against long-term use. In the absence of such documentation, the current request is not medically necessary.

TIZANIDINE 4MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of non-sedating 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 current request is not medically necessary.

ULTRAM 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines state that, 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 patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). In light of the above issues, the current request is not medically necessary.

URINALYSIS (RETROSPECTIVE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there are multiple recent tests, but no current risk stratification to support the medical necessity of the proposed frequency of testing. In the absence of such documentation, the current request is not medically necessary.

INTRAMUSCULAR INJECTION OF TORADOL (RETROSPECTIVE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter Ketorolac (Toradol).

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) 1/2.

Decision rationale: The ODG recommends the short-term use (usually two to six weeks) for patients with insomnia. Within the documentation available for review, there is no documentation of failure of non-pharmacologic treatment for insomnia, any significant improvement with the use of Ambien to date, and/or a clear rationale for the long-term use of the medication despite the recommendations of ODG against long-term use. In the absence of such documentation, the current request is not medically necessary.