

Case Number:	CM14-0086958		
Date Assigned:	07/23/2014	Date of Injury:	07/23/2012
Decision Date:	09/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 40-year-old female was reportedly injured on July 23, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 27, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated decreased lumbar spine range of motion. Diagnostic imaging studies of the lumbar spine revealed disc bulges at L4 - L5 and L5 - S1. Lower extremity nerve conduction studies revealed and L5 radiculopathy on the left. Previous treatment is unknown. A request had been made for Hydro morphine, a urine drug screen, and an injection of Toradol and vitamin B12 and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphine 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Exalgo (Hydromorphone) is a once-a-day extended release opioid formulation for the management of moderate to severe pain in opioid-tolerant patients requiring

continuous, around-the-clock opioid analgesia is needed for an extended period of time. The MTUS Treatment Guidelines support long-acting opiates in the management of chronic pain; however, the management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective documentation of improvement in their pain or function. As such, this request for Hydromorphone is not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.

Intramuscular Injection 60mg Toradol and B12: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines intramuscular Toradol can be used as an alternative to opioid therapy. However the injured employee is currently using opioids. Therefore this request for a Toradol injection is not medically necessary. Additionally injections of vitamin B12 are not recommended for treating peripheral neuropathy as there are no studies to conclude whether this is beneficial or harmful. Therefore injection of vitamin B-12 is not medically necessary.