

Case Number:	CM14-0213105		
Date Assigned:	12/30/2014	Date of Injury:	12/15/2010
Decision Date:	02/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 52-year-old female with a 12/15/10 date of injury. According to a handwritten and largely illegible progress report dated 10/30/14, the patient continued to be depressed and worried about her right shoulder. She continued to have severe right shoulder pain and numbness/tingling to the hand/wrist. She also continued to have daily headaches. Objective findings: restricted range of motion of right shoulder and cervical spine, tenderness to palpation of paravertebral muscles of cervical spine, positive impingement sign, positive patellofemoral grind. Diagnostic impression: closed head trauma, bilateral elbow epicondylitis, right knee internal derangement, right shoulder sprain/strain and impingement. Treatment to date: medication management, activity modification, home exercise program. A UR decision dated 12/9/14 denied the requests for Topiramate, Norco, and 1 injection of Toradol and Vitamin B12. Regarding Topiramate, the available documentation does not document 30-50% reduction in pain as a result of use with this medication. Further, it does not appear the patient has utilized this medication since 2012. Regarding Norco, there has been a lack of non-opioid analgesics attempted. Norco does not seem to be indicated at this time. Regarding Toradol and B12 injection, the patient was not being treated with Toradol to replace opioid therapy. The patient was also suffering from a chronic pain condition with is not recommended by the guidelines for either injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. However, in the present case, there is no documentation that this patient has failed a first-line agent for neuropathic pain, such as gabapentin. A specific rationale identifying why this patient requires this specific medication was not provided. Therefore, the request for Topiramate 100mg #60 was not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, however, given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325mg #60 was not medically necessary.

Injection of Toradol and Vitamin B12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Pain Chapter - Ketorolac; Cyanocobalamin and Other Medical Treatment Guideline or Medical Evidence: FDA (Cyanocobalamin - Vitamin B12).

Decision rationale: The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac Tromethamine. CA MTUS does not specifically address the issue of Vitamin B12. ODG states that Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. However, in the present case, a specific rationale for Vitamin B12 injection was not identified. There is no documentation that this patient has failed first-line analgesic medications to support the medical necessity of a Toradol injection. In addition, there is no documentation that the patient has had an acute exacerbation of his pain. Furthermore, there is no documentation that the patient is unable to tolerate oral medications. Therefore, the request for Injection of Toradol and Vitamin B12 was not medically necessary.