

<b>Case Number:</b>	CM14-0155844		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and unspecified amounts of the physical therapy over the course of the claim. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a lumbar support, approved a pain management referral, retrospectively denied a Toradol injection, retrospectively denied a dexamethasone injection, retrospectively denied a Depo-Medrol injection, retrospectively denied vitamin B12 injection, approved Celebrex, and partially approved Soma. The claims administrator invoked non-MTUS ODG Guidelines in its decision to approve the pain management consultation, despite the fact that the MTUS addressed the topic. The claims administrator also invoked non-MTUS ODG Guidelines and non-MTUS MD Consult Guidelines to deny Depo Medrol and Dexamethasone. The applicant's attorney subsequently appealed. In an August 19, 2013 medical-legal evaluation, it was acknowledged that the applicant was no longer working as a Kennel worker owing to ongoing complaints of low back pain. On April 25, 2014, lumbar MRI imaging, neurosurgery consultation, Celebrex, and Soma were endorsed. The applicant was placed off of work, on total temporary disability. The remainder of the file was surveyed. The August 15, 2014 progress note and associated request for authorization form of August 20, 2014, in which the request in question were initiated was not incorporated into independent medical review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Support: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC Guidelines Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptoms relief. In this case, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date the article in question was sought, August 15, 2014, following an industrial injury of March 16, 2012. Provision and/or ongoing usage of a lumbar support was not indicated at this late stage in life of the claim. Therefore, the request was not medically necessary.

**Toradol 15 mg Injections given 08/15/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol Page(s): 72.

**Decision rationale:** While the MTUS does not address the topic of oral Ketorolac or oral Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral Ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication, injectable Ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. In this case, there was/is no evidence that the applicant sustained any kind of acute flare in pain on or around the date in question, August 15, 2014, although it is acknowledged that this progress note was not incorporated into the independent medical review packet. The information which is on file, however, failed to substantiate or support the request. Therefore, the request was not medically necessary.

**Dexamethasone 10 mg Injection given 08/15/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDConsult.com

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that steroid injection such as the dexamethasone injection at issue are deemed "optional," in this case, however, no rationale for the injection in question was proffered by the attending provider. There was no clear demonstration an acute flare in pain on or around the date in question, August 15, 2014. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider did not furnish any rationale for provision of three separate injectable medications, Dexamethasone, Depo Medrol, and Toradol on one single office visit, August 15, 2014. While it is acknowledged that the claims administrator did not incorporate the August 15, 2014 progress note at issue into the independent medical review packet, the information which is on file fails to support or substantiate the request. Therefore, the request was not medically necessary.

**Depo- Medrol 80 mg injections given 08/15/14: 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-TWC

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 47 does acknowledge that steroid injection such as the Depo Medrol injection at issue are deemed "optional," in this case, however, no rationale for this particular injection was proffered by the attending provider. The August 15, 2014 progress note was not incorporated into the independent medical review packet. There was no mention of any acute flare in pain sustained on or around the date in question so as to justify the Depo-Medrol injection at issue. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of "other medications" into his choice of recommendations. In this case, no rationale for provision of three separate injectable medications, Depo-Medrol, Dexamethasone, and Toradol on one single office visit was furnished by the attending provider, although, once again, it is acknowledged that the August 15, 2014 progress note on which this and other request were initiated was not incorporated into the independent medical review packet. The information which is on file, however, fails to report or substantiate the request. Therefore, the request was not medically necessary.

**Vitamin B-12 1000c mg Injection given 08/15/14: 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-TWC

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section.

**Decision rationale:** The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines notes that vitamins are not recommended in the treatment of chronic pain in the absence of documented nutritional deficiencies or documented nutritional deficit states. In this case, however, there was no evidence that the applicant carried a diagnosis of vitamin B12 deficiency on or around the date in question, although it is acknowledged that, as with the other request that the claims administrator failed to incorporate the August 15, 2014 progress note on which this request was initiated into the independent medical review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

**Soma 350 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

**Decision rationale:** As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for longer than a two- to three-week period. In this case, the 60-tablet supply of Carisoprodol, in and of itself, implies usage of the same for longer than two to three weeks. No rationale for selection of this particular medication in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.