

Case Number:	CM13-0012558		
Date Assigned:	06/06/2014	Date of Injury:	03/28/2008
Decision Date:	07/11/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/15/2013

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 & 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 injured worker is a 56-year-old female who states that she had a work-related injury on March 28, 2008. The worker was seen on July 11, 2013 and complained of low back pain and neck pain with symptoms radiating to the bilateral upper and lower extremities. The injured worker states that the pain level is 8/10 on the visual analog scale (VAS) without medications and 6/10 on the visual analog (VAS) with medications. Prior treatment has included injections and oral medications. The physical examination on this date noted decreased lumbar spine range of motion and lumbar spine tenderness at the L4 through S1 level. There was lumbar myofascial tenderness. Examination of the cervical spine noted decreased range of motion and tenderness of the cervical spine from C4 through C7. There was also cervical myofascial tenderness. There was a diagnosis of cervical and lumbar radiculopathy as well as cervical and lumbar spinal stenosis. A vitamin B12 injection was given due to the injured worker's acute increase in pain during that days' visit. A Toradol injection was also given. Participation in a home exercise program was recommended. Prescriptions were written for omeprazole, gabapentin, Vicodin, Celebrex and Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

B12 INJECTION, DISPENSED ON 07/11/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), vitamin B12, updated June 10, 2014.

Decision rationale: According to the Official Disability Guideline (ODG) injections of vitamin B12 are not recommended for pain control. Although it is stated that vitamin B is frequently used for treating peripheral neuropathy, 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 B12 is beneficial or harmful. Without any peer-reviewed evidence-based medicine supporting the use of vitamin B12 for pain this request for vitamin B12 is not medically necessary.

VICODIN 5-500MG #120, DISPENSED ON 07/11/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids for chronic pain Page(s): 80.

Decision rationale: According to the medical records provided, the injured worker has been using Vicodin for an extended period of time; however the medical record is also absent of any objective documentation of the efficacy of this medication including significant pain reduction, increased ability to work and performance of activities of daily living and mention of any side effects. Due to this lack of documentation supporting the use of Vicodin, this request for Vicodin is not medically necessary based on Chronic Pain Medical Treatment Guidelines.

BUTRANS 10MCG/HR #4, DISPENSED ON 07/11/2013: Upheld

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 ODG, Buprenorphine for chronic pain, Pain (Chronic), updated June 6, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG), Butrans is recommended as an option for treatment of chronic pain to include patients with a hyperalgesic component to pain, patients with centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opioid maintenance and for analgesia in patients who have previously been detoxified from other high dose opioids. The injured worker's condition does not fit into any of these five categories. Without any objective justification for the continued use of Butrans, this request is not medically necessary.