

Case Number:	CM13-0019271		
Date Assigned:	10/11/2013	Date of Injury:	09/10/2002
Decision Date:	02/10/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and 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 physician 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 carpal tunnel syndrome, fibromyalgia, chronic pain syndrome, chronic low back pain, headaches, and jaw pain reportedly associated with an industrial injury of September 10, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; antidepressant medications; topical compounds; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 19, 2013, the claims administrator approved a request for Provigil, approved a request for Cymbalta, denied a request for vitamin B12, denied a request for Soma, approved a request for Savella, denied a request for Procardia, and denied a request for Singulair. The applicant's attorney subsequently appealed. A clinical progress note of June 17, 2013 is notable for comments that the applicant is still having headaches. She is on Topamax and Cymbalta. Her Mini-Mental Status Exam is 29/30. She is given diagnoses of depression, carpal tunnel syndrome, fibromyalgia, and obesity. Topamax and trazodone are refilled. Other unspecified medications are also continued. On June 17, 2013, the applicant's other attending provider has her off of work, on total temporary disability, and asked her to continue Cymbalta, Soma, and Provigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

B12 (cyanocobalamin) 1000mcg/ml, one injections once a week with a 1cc syringe, #12:
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), Chapter Stress and Depression

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Carpal Tunnel Syndrome..

Decision rationale: The MTUS does not address the topic. As noted in the updated ACOEM Guidelines, vitamin B12 has been reported as successful treatment for stroke patients with carpal tunnel syndrome. In this case, however, there is no clear-cut evidence that the applicant in fact carries a present diagnosis of active carpal tunnel syndrome as it appears that many of the applicant's present pain complaints stem from widespread body pain associated with fibromyalgia. There is likewise no evidence that the applicant has had a stroke. Therefore, the request for vitamin B12 is not certified.

Soma 350mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Chapter Pain acute and Chronic-Carisprodol (Soma)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Page(s): 29.

Decision rationale: As noted on the page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma or carisoprodol is not recommended for chronic or long-term use purposes, particularly when used in combination with other medications. In this case, the applicant is using numerous analgesic and adjuvant medications. It is further noted that the applicant does not appear to have derived any lasting benefit or functional improvement through prior usage of Soma, as evinced by her failure to return to work and her continued dependence on various medical treatments and medications. Therefore, the request remains non-certified, on Independent Medical Review.

Procardia XL 30mg, #90: 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 PDR: <http://www.pdr.net/drug-summary/procardia?druglabelid=1855> Nifedipine

Decision rationale: The MTUS does not address the topic of Procardia usage. As noted in the Physician's Drug Reference (PDR), Procardia or nifedipine is a calcium channel blood pressure lower agent, which is used to manage vasospastic angina and/or hypertension in those individuals

who carry those diagnoses. In this case, however, there is no evidence that the applicant carries either a diagnosis of hypertension or a diagnosis of vasospastic angina for which usage of Procardia would be indicated. The attending provider wrote on an earlier note of May 3, 2013 that he was employing Procardia for the applicant's reported Raynaud's phenomenon. This does represent an off-label usage of Procardia. While this could be supported if there was some evidence of functional improvement effected through prior usage of Procardia, in this case, the applicant's continued dependence on various medications and failure to return to work, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f. Accordingly, the request is not certified.

Singulair 10mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/singulair-drug/indications-dosage.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR: <http://www.pdr.net/drug-summary/singulair?druglabelid=390> Singulair

Decision rationale: The MTUS does not address the topic. As noted in the Physician's Drug Reference (PDR), Singulair is indicated in the prophylaxis and chronic treatment of asthma in both adults and pediatric patients. In this case, the applicant does not carry a diagnosis of asthma for which usage of Singulair would be indicated. The attending provider wrote on May 3, 2013 that he was employing a Singulair off label for fibromyalgia syndrome. This is not an approved usage of Singulair. It is further noted that, as with the many other medications, that the applicant failed to effect any lasting benefit or functional improvement through prior usage of Singulair, making a compelling case against usage of the same. Accordingly, the request is not certified.