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| Case Number: | CM13-0023378 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 05/09/2001 |
| Decision Date: | 05/14/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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 Internal Medicine and is licensed to practice in Texas. 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 patient was injured in May 2001 when he slipped and fell, with multiple injured body parts, including the left knee, left shoulder, back, and neck. Extensive treatment has been provided, including epidural steroid injections, shoulder surgery, and medications. For the past several years, the pain seems to be over the entire back, and the treatment has been directed towards this region. Lumbar MRI showed disc bulges. Cervical MRI showed some disc bulges. The most recent diagnoses include lumbar radiculopathy, myalgia/myositis, depression, anxiety, left knee pain, and s/p left knee and shoulder surgery. The physical examination showed diffuse tenderness of the spine, and upper and lower extremities. Functional improvement consists of a significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The records do not document significant functional improvement with the current treatment, nor do they indicate that the patient has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51-74-83.

Decision rationale: The evidence demonstrating long-term efficacy of treatment with opioids such as hydrocodone for chronic back pain is limited. Failure to achieve functional improvement should lead to the discontinuation of this type of medication. In this case, the beneficiary has been treated with long-term opioids for chronic, widespread back pain. The records do not indicate that significant functional improvement has occurred. Therefore, the ongoing use of hydrocodone is not medically necessary.

VITAMIN B12 INTRAMUSCULAR INJECTION: 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), VITAMIN DEFICIENCIES, B12 DEFICIENCY

Decision rationale: Vitamin B is frequently used for treating peripheral neuropathy but 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 B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. In comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in a significant short-term reduction in pain and improvement in paraesthesiae, in a composite outcome combining pain, temperature and vibration, and in a composite outcome combining pain, numbness and paraesthesiae. There was some evidence that vitamin B is less efficacious than alpha-lipoic acid, cilostazol or cytidine triphosphate in the short-term improvement of clinical and nerve conduction study outcomes. Vitamin B is generally well-tolerated. In this case, there is no clear evidence of peripheral neuropathy, and the indication for the use of vitamin B12 is not documented. Therefore, the use of this treatment is not medically necessary.