

Case Number:	CM13-0042352		
Date Assigned:	12/27/2013	Date of Injury:	01/28/2002
Decision Date:	02/26/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation 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:

This patient sustained an injury on 1/28/02. Requests under consideration include 1 IM injection of B12, 1 prescription of Clonazepam 2mg #60, and 1 prescription of Prilosec DR 20mg #60. Medications were non-certified on 10/15/13 citing guidelines criteria. Appeal report of 11/6/13 from [REDACTED] noted patient being followed for chronic neck pain radiating into right upper extremity; low back pain radiating into bilateral lower extremities; bilateral shoulder and right hand pain. Exam indicated spasm in L4-S1 with tenderness and limited range secondary to pain. MRI of the lumbar spine is reported as consistent with discogenic low back pain. Diagnoses include Lumbar disc degeneration; lumbar radiculitis; s/p lumbar fusion with failed back surgery syndrome; status post spinal cord stimulator implant; L45 annular tear; and history of seizure disorder. Appeal mentioned use of clonazepam until primary care can wean off as patient has history of seizure disorder along with request for Pantoprazole for preventive GI and no reported CAD. Requests were again non-certified on 11/26/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 IM injection of B12: 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, Pain, Vitamin B, page 865.

Decision rationale: This patient sustained an injury on 1/28/02. Appeal report of 11/6/13 from [REDACTED] noted patient being followed for chronic neck pain radiating into right upper extremity; low back pain radiating into bilateral lower extremities; bilateral shoulder and right hand pain. Exam indicated spasm in L4-S1 with tenderness and limited range secondary to pain. MRI of the lumbar spine is reported as consistent with discogenic low back pain. Diagnoses include Lumbar disc degeneration; lumbar radiculitis; s/p lumbar fusion with failed back surgery syndrome; s/p spinal cord stimulator implant; L45 annular tear; and history of seizure disorder. ODG states under Pain Chapter, Vitamin B is not recommended. 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. Submitted reports have not demonstrated support for this Vitamin B12 supplement outside guidelines criteria. The 1 IM injection of B12 is not medically necessary and appropriate.

The request for 1 prescription of Clonazepam 2mg #60: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Clonazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Per MTUS, Chronic Pain Guidelines, it is used for the short-term relief of the symptoms of anxiety not recommended longer than 4 weeks. Submitted reports have not demonstrated support for this medication outside the recommendations of the guidelines for this P&S patient with injury of 1996. The 1 prescription of Clonazepam 2mg #60 is not medically necessary and appropriate.

1 prescription of Prilosec Dr 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This patient sustained an injury on 1/28/02. Appeal report of 11/6/13 from [REDACTED] noted patient being followed for chronic neck pain radiating into right upper extremity; low back pain radiating into bilateral lower extremities; bilateral shoulder and right hand pain. Exam indicated spasm in L4-S1 with tenderness and limited range secondary to pain. MRI of the lumbar spine is reported as consistent with discogenic low back pain. Diagnoses include Lumbar disc degeneration; lumbar radiculitis; s/p lumbar fusion with failed back surgery syndrome; status post spinal cord stimulator implant; L45 annular tear; and history of seizure disorder.

This medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 1 prescription of Prilosec DR 20mg #60 is not medically necessary and appropriate.