

Case Number:	CM13-0069243		
Date Assigned:	01/03/2014	Date of Injury:	05/15/1996
Decision Date:	08/27/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 60 year old man who sustained a work-related injury on May 15, 1996. The subsequently he developed right knee neck and mid back pain. According to the progress report dated on October 25, 2013, the patient continues complaining of pain in both knees and diffused pain in neck and mid-back. According to the patient, the medications are working well without side effects. On physical examination, the patient complained of insomnia, fatigue, anxiety, and depression. Head/ neck examination revealed tenderness at facet joints, tenderness at trapezii area, tender left paracervical, and tender right paracervical. Range of motion is limited. Examination of the bilateral low extremities revealed tenderness at lateral aspect of the knee, pain with valgus stress and pain with palpation and movement. The patient was diagnosed with joint pain leg, lumbago, and fibromyalgia. The provider requested authorization to administrate the Vitamine B12 and Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2mg-0.5mg sublingual tabs, #60 with 2 refills: 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 Buprenorphine Page(s): 26.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Suboxone is recommended to treat opiate addiction. There is no evidence or documentation of opioid addiction. Furthermore, there is no documentation for pain and functional improvement with previous use of Suboxone. Therefore, the request is not medically necessary.

B-12 IM 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 Vitamin B12. <http://www.rxlist.com/b12-drug.htm>.

Decision rationale: There is no documentation or justification for B12 injection in this case. There is no documentation of a Vitamin B12 deficiency. Therefore, the request for B-12 IM injection is not medically necessary.