

Case Number:	CM14-0111967		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2011
Decision Date:	09/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 49-year-old female who reported a hyperextension injury on 08/17/2011. Current diagnoses include right knee internal derangement, right knee pain, meralgia paresthetica, right sciatica, and pain related insomnia. The injured worker status is post right knee arthroscopy in 05/2012. Previous conservative treatment includes medication management, physical therapy, bracing, and injection therapy. The injured worker is also noted to have undergone a lumbar MRI in 12/2013 and bilateral hip MRI in 12/2013. She complains of right knee and leg pain. It is noted that the injured worker's previous urine drug screen on 06/17/2014 revealed positive findings for hydrocodone, hydromorphone, and fluoxetine. Physical examination was not provided on that date. Treatment recommendations at that time included a urine drug screen, continuation of the current medication regimen of Butran's 20 mcg, Temazepam 30 mg, Nexium 40 mg, Fluriflex ointment, Norco 10/325 mg and Colace 100 mg. Authorization was also requested for a lateral femoral cutaneous nerve block, a right SI joint injection, and aquatic therapy and was submitted on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Vitamin B12 (Intramuscular Injection): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal Article by Choices, 2013, Anemia, Vitamin B12 or Folate Deficiency Treatment NHS Choices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Vitamin B.

Decision rationale: The Official Disability Guidelines do not recommend Vitamin B. Vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is unclear. The current request cannot be determined as medically necessary in this case.

Colace 100 Mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic Treatment of Constipation Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There is no documentation of a failure to respond to first line treatment as recommended by the Official Disability Guidelines. The injured worker does not maintain a diagnosis of chronic constipation. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. The request is not medically necessary.

Tegaderm Patch Covers #20: 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) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The injured worker's prescription for Butrans 20 mcg patch has not been authorized, the associated request for a Tegaderm patch cover is also not medically necessary in this case.

Butrans 20mcg #4: 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): 26-27.

Decision rationale: The California MTUS Guidelines recommend buprenorphine for treatment of opiate addiction. It is also recommended as an option for chronic pain, after detoxification. The worker has utilized this medication since 12/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. The request is not medically necessary.