

Case Number:	CM14-0027321		
Date Assigned:	06/13/2014	Date of Injury:	05/25/2002
Decision Date:	07/16/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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. 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 a 56 year old female injured in May 2002 during the normal course of her duties. Current diagnoses include lumbar radiculopathy, status post lumbar fusion, fibromyalgia, osteoarthritis of the bilateral knees, iatrogenic opioid dependency, status post bilateral carpal tunnel release with residuals, left cubital tunnel syndrome, status post right 1st dorsal compartment release, and history of rectal bleeding. The clinical note dated 01/14/14 indicated the injured worker presented complaining of low back pain radiating to the bilateral lower extremities to the level of the knee in addition to complaints of neck pain radiating to the bilateral shoulders. The injured worker reports increased pain rated at 7/10 with medications and 10/10 without them. Additionally, the injured worker reports numbness to the left upper extremity and chest pain. Physical examination revealed spinal vertebral tenderness, lumbar myofascial tenderness, spinal vertebral tenderness in the cervical spine at the C4-C7 level, cervical myofascial tenderness upon palpation, decreased sensory examination to the left upper extremity along the C6-T1 dermatome. Medication prescriptions for Lyrica 50mg every evening, Celebrex 200mg once daily, Fentanyl 75mcg patch every 48 hours, Gabapentin 300mg once daily, Senokot 8.6mg three times a day, and Norco 10/325mg every 6 hours were provided. The injured worker was administered B12 injection and Toradol 60mg Intramuscular Injection (IM Injection) for pain. The initial request for B12 injection, Toradol injection, and Fentanyl 75mcg patch #15 was initially non-certified on 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

B12 INJECTION PERFORMED 1/14/14: 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), Treatment Index, 12th Edition (web), 2014, Pain--Vitamin B.

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

Decision rationale: As noted in the Official Disability Guidelines, Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. There is limited evidence to support its use. As such, there request for B12 injection performed 1/14/14 is not medically necessary.

TORADOL INJECTION PERFORMED 1/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-inflammatory Drugs (NSAIDs) Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication in the documentation provided that the injured worker was being treated for an acute injury. As such, the request for Toradol injection performed 1/14/14 is not medically necessary.

FENTANYL 75 MCG PATCH #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The injured worker continued to provide elevated pain scores with the use of narcotic medications. Additionally, fentanyl patches are to be worn and exchanged every 72 hours, the injured worker is utilizing the patches and exchanging them every 48 hours which is not current medication recommendations. As such, the medical necessity of Fentanyl 75 mcg patch #15 cannot be established at this time.