

Case Number:	CM14-0061708		
Date Assigned:	07/11/2014	Date of Injury:	09/16/2011
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine 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 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 54 year old female who was injured on 09/18/2011 while she was performing her usual and customary work duties. Prior treatment history has included physical therapy, heat, over-the-counter analgesic medication, and muscle stimulator. Initial report dated 03/24/2014 states the patient complained of bilateral wrist and hand pain, worse on the right, which is described as always sharp and stabbing pain that is present all the time. She also has a complaint of coldness and numbness and tingling, which is present all the time. The pain is aggravated by moving the wrist and hand, lifting as little as 1 pound, gripping and grasping, performing daily activities. The patient uses a wrist support on the right with relief. On exam, she had some tenderness in the bilateral forearm. There is decreased sensation in the median nerve distribution. There is very slight ulnar decreased sensibility on the volar fifth digit also. Wrist range of motion produces pain but is full. Finger flexibility is normal. She does have thickening of the flexor tendons palpable over the A-1 pulleys and pain on wrist extension. There is epicondylar tenderness with full pronation, supination, flexion and extension. Wrist range of motion revealed flexion to 50/60 bilaterally, extension was to 50/60 bilaterally, ulnar deviation to 20/30 bilaterally and radial deviation to 20/20 bilaterally. Tinel's and Phalen's sign is positive; Finkelstein's test is mildly positive. She is diagnosed with bilateral carpal tunnel syndrome and overuse tendinopathy, bilateral upper extremities. She received a B12 injection to decrease the patient's pain and inflammation. She was also dispensed medications with a 30 day supply. Prior utilization review dated 04/23/2014 states the requests for B-12 Injection Kit, Topical Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2% Capsaicin 0.05% 180 Grams Quantity One, Narcotic Ultracet 37.5/325 MG Quantity 120 are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

B-12 Injection Kit: 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 B6 Other Medical Treatment Guideline or Medical Evidence: <http://reference.medscape.com/drug/vitamin-b12-nascobal-cyanocobalamin-344418>Cyanocobalamin injections for patients without documented deficiency: reasons for administration and patient responses to proposed discontinuationL Lawhorne, D Ringdahl - JAMA, 1989 - jama.jamanetwork.com.

Decision rationale: MTUS and ODG guidelines do not address B12 injection. In this case a Vitamin B12 injection was administered to reduce pain and inflammation. However the efficacy of Vitamin B12 injection for pain and inflammation is not clearly established in the medical literature. Vitamin B12 efficacy for the treatment of neuropathic pain from Carpal Tunnel Syndrome is not clearly established. ODG guidelines do not recommend Vitamin B6 for Carpal Tunnel Syndrome treatment. The patient does not have a documented Vitamin B12 deficiency. The request is not medically necessary.

Topical Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2% Capsaicin 0.05% 180 Grams Quantity One: 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 Topical analgesics Page(s): 111-113.

Decision rationale: According to MTUS guidelines, topical Gabapentin is not recommended as efficacy has not been demonstrated. Provided medical records do not support an exception to this guideline. The request is not medically necessary.

Narcotic Ultracet 37.5/325 MG Quantity 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 Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, Tramadol may be recommended for moderate to severe pain though efficacy of long-term use is not clearly established. This is a

request for Tramadol for a 54-year-old female with chronic hand and wrist pain, bilateral carpal tunnel syndrome, CMC arthritis and rheumatoid arthritis. The patient appears to be taking Tramadol on a chronic basis. However, medical records fail to establish clinically significant functional improvement, pain reduction, or reduction in dependency on medical care due to use of Tramadol. Medical necessity is not established.