

Case Number:	CM14-0080821		
Date Assigned:	07/18/2014	Date of Injury:	05/29/2001
Decision Date:	10/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, mid back pain, depression, and insomnia reportedly associated with an industrial injury of May 29, 2001. In a Utilization Review Report dated May 13, 2014, the claims administrator denied a request for Idrasil and vitamin B12 injections. The applicant's attorney subsequently appealed. In a progress note dated July 3, 2014, the applicant reported persistent complaints of low back, neck, and mid back pain, 8/10. The applicant stated that Idrasil was reportedly helping his pain and depression. The applicant stated that Nucynta was reportedly helping his pain. A variety of medications were refilled, including GABAdone, Theramine, tramadol, MiraLax, and Idrasil. The applicant was reportedly having an acute flare of pain and was given an injection of Toradol for the same. The applicant stated that he had an acute flare of pain as a result of driving for a prolonged amount of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Idrasil 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cannabinoids Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, cannabinoids such as Idrasil are "not recommended," in part, owing to restricted legal access to the same. Therefore, the request is not medically necessary.

IM injection of B12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shatsky M. Evidence for the use of intramuscular injections in outpatient practice. AM Fam Physician, 2009 Feb 15;79(4):297-300

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section

Decision rationale: The MTUS does not address the topic of vitamin injections. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, however, vitamins are not recommended in the treatment of chronic pain except in documented nutritional deficit states. In this case, there is no evidence that the applicant has a bona fide vitamin B12 deficiency present. Therefore, the request is not medically necessary.