

Case Number:	CM14-0087678		
Date Assigned:	07/23/2014	Date of Injury:	05/28/2009
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 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:

This is a patient with a date of injury of 5/28/09. A utilization review determination dated 5/23/14 recommends non-certification of vitamin B-12 complex IM injection, Omeprazole, and topical creams. 5/16/14 medical report identifies neck, back, bilateral shoulder, and right knee pain. Medications are helping. On exam, there is positive head compression and Spurling's, tenderness and spasm, weakness in the biceps, wrist extensor, and deltoids, diminished sensation in the dorsum of the hand and lateral aspect of the deltoid, positive Neer's, Hawkins', and impingement testing, positive straight leg raise (SLR), limited lumbar range of motion (ROM), slightly diminished ankle jerk on the right and plantar strength on the right, as well as decreased posterolateral foot and heel sensation on the right. Recommendations included cervical epidural steroid injection (ESI), Tramadol ER, Omeprazole, urinalysis, and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective -Vitamin B complex intramuscular injection (5-23-14): 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) -Pain Chapter.

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

Decision rationale: Regarding the request for Vitamin B complex intramuscular injection, CA MTUS does not address the issue. ODG notes that Vitamin B is "not recommended". Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of Vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether Vitamin B is "beneficial or harmful." Within the documentation available for review, there is no documentation that this patient has a Vitamin B deficiency that would support the use of supplementation, as it is not supported in the management of pain. In the absence of such documentation, the currently requested Vitamin B complex intramuscular injection is not medically necessary.

Omeprazole 20mg #100 one twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal Symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole is not medically necessary.

Fluriflex 15/10% 240 gm apply cream to affected areas twice daily as directed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Fluriflex, CA MTUS states that topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no

clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Fluriflex is not medically necessary.

TGHot 8/10/2/2/.05% 240gm cream apply to affected area twice daily as directed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for TGHot, CA MTUS states that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested TGHot is not medically necessary.