

Case Number:	CM14-0155996		
Date Assigned:	09/25/2014	Date of Injury:	11/28/2000
Decision Date:	09/08/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 56-year-old woman sustained an industrial injury on 11-28-2000. The mechanism of injury is not detailed. Diagnoses include cervical spinal stenosis, thoracic sprain-strain, right shoulder partial rotator cuff tear, left shoulder tendinitis, bilateral carpal tunnel syndrome, and adjustment disorder. Treatment has included oral and topical medications and TENS unit. Physician notes on a PR-2 dated 6-10-2014 show complaints of constant neck pain rated 3 out of 10 with radiation to the bilateral upper extremities with numbness and tingling. Constant mid back pain rated 3 out of 10, constant bilateral shoulder pain rated 3 out of 10, constant bilateral hand and wrist pain rated 3 out of 10 with numbness and tingling, and adjustment disorder. A vitamin B12 injection was administered during this visit. Recommendations include orthopedic consultation and evaluation, neurological consultation and evaluation, psychological evaluation, Mentoderm gel, Xolido 2% cream, Omeprazole, Tramadol, Lyrica, topical compounded analgesic cream, vitamin B12 injection, urine drug screen, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review B12 Injection DOS: 06/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation-Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, B-12 injections.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to-date guidelines state B-12 injections are indicated in the treatment of patients with symptomatic B12 deficiency. The patient does not have documented symptomatic B12 deficiency secondary to industrial incident. Therefore, the request is not certified.

B12 Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation-Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, B-12 injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The up-to-date guidelines state B-12 injections are indicated in the treatment of patients with symptomatic B12 deficiency. The patient does not have documented symptomatic B12 deficiency secondary to industrial incident. Therefore, the request is not certified.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation- Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's"

(analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically warranted.