

Case Number:	CM15-0134928		
Date Assigned:	07/20/2015	Date of Injury:	09/11/2013
Decision Date:	08/17/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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:

The injured worker (IW) is a 42-year-old male who sustained an industrial injury on 09/11/2013. He reported multiple areas of pain. The injured worker was diagnosed as having bilateral hand pain, bilateral Guyons canal syndrome, mild right carpal tunnel syndrome, mild left cubital tunnel, left cubital tunnel Guyons, and osteoarthritis to the knees with unspecified arthropathy of the ankle and foot. Treatment to date has included medication and left cubital tunnel Guyons release. On 06/25/2015, the injured worker complained of pain in the left hand and numbness to the left ring finger. On exam, passive range of motion was negative for tenderness. In a visit to the pain management physician on 06/25/3015, the complaint was of pain in both the upper and lower extremities. Specifically the worker complains of knee and ankle pain. There were no focal neurologic changes; the knees had crepitation bilaterally with full range of motion and mild joint line tenderness along the lateral aspect of the left knee. His gait is antalgic, and he ambulates without the use of assistive devices. The treatment plan includes medications, and use of a brace. Release to full duty 04/25/2015, and follow-up in six weeks' time. A request for authorization was made for the following: 1. 45 Tablets of Vitamin B-12 100mcg 2. 45 Tablets of Amitriptyline 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 Tablets of Vitamin B-12 100mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin, Vitamin B-12 Therapy and on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, vitamin B12.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is used in the treatment of vitamin B12 deficiency. The provided clinical records show no documented vitamin B12 deficiency. Therefore, the request is not medically warranted and not certified.

45 Tablets of Amitriptyline 10mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 11.

Decision rationale: The California MTUS section on antidepressants states: Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis (McQuay, 1996) and a systematic review (Collins, 2000) to be effective, and are considered a first-line treatment for neuropathic pain. (Namaka, 2004) (Dworkin, 2003) (Gilron, 2006) (Wolfe, 2004) (Dworkin, 2007) (Saarto-Cochrane, 2007) This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. (Sindrup, 2005) Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia (Argoff, 2004), painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. (Finnerup, 2005) Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. (Dworkin, 2007) One review reported the NNT for at least moderate neuropathic pain relief with tricyclics is 3.6 (3-4.5), with the NNT for amitriptyline being 3.1 (2.5-4.2). The NNT for venlafaxine, calculated using 3 studies was reported to be 3.1 (2.2-5.1). (Saarto-Cochrane, 2007) Another review reported that the NNT for 50% improvement in neuropathic pain was 2 to 3 for tricyclic antidepressants, 4 for venlafaxine, and 7 for SSRIs (Perrot, 2008). The patient has neuropathic pain diagnoses and therefore the request is medically necessary, as this is a first line treatment option for neuropathic pain per the California MTUS.

