

Case Number:	CM15-0184481		
Date Assigned:	09/25/2015	Date of Injury:	03/26/1999
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 is a 63 year old female, who sustained an industrial injury on 03-26-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for injuries to the right shoulder, right hand and low back with diagnoses of spinal discopathy, facet arthropathy, right lateral epicondylitis, and recurrent right wrist carpal tunnel syndrome. Medical records (04-17-2015 to 06-19-2015) indicate ongoing, worsening burning and radiating low back pain, and right hand and wrist pain with pin and needles sensation. Low back pain levels were 9-10 out of 10 on a visual analog scale (VAS), and right wrist and hand pain was rated 8 out of 10. Activity levels and level of function were not addressed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-07-2015, revealed tenderness in the acromioclavicular (AC) joint, restricted range of motion (ROM) in the right shoulder, crepitus with motion, positive impingement sign, abnormal skin color and coolness to the right hand, painful ROM in the fingers of the right hand, positive Tinel's and Phalen's signs, diffuse tenderness without swelling of the right hand, moderately decreased sensation in the median distribution, 3 out of 5 motor strength of the right wrist, decreased ROM in the right elbow, forearm and wrist, tenderness to the sacroiliac joint, pain in the lower lumbar midline and paraspinous musculature, mild muscle spasms with forward flexion of the lumbar spine, limited lumbar extension to 10°, pain with sciatic stretch, sacroiliac pain at 70°, and intact hip ROM noting pain in the sacroiliac region and low back with maximum flexion. This was a more detailed exam than the previous exam dated 06-19-2015. Relevant treatments have included carpal tunnel release (04-2015) without relief, physical therapy (PT), work restrictions, and pain

medications. Current medications included Ambien, Xanax, high blood pressure medications, hydrochlorothiazide and ditizidol which reported to be helping. The IW was administered a intramuscular injection of B12 complex and Vitamin B12 cyanocobalamin on 06-19-2015. The request for authorization (06-19-2015) shows that the following medication and injection were requested: fluticasone and gabapentin scar cream, and a retrospective intramuscular injection of B12 complex and Vitamin B12 cyanocobalamin. The original utilization review (08-19-2015) non-certified the request for fluticasone and gabapentin scar cream based on non-recommended ingredients, and a retrospective intramuscular injection of B12 complex and Vitamin B12 cyanocobalamin based on the lack of support in the treatment of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluticasone/Gabapentin/scar cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". In this case, the guidelines do not recommend gabapentin in topical form as there is no peer reviewed literature supporting its use. Therefore the determination is not medically necessary.

Retrospective intramuscular injection of B12 complex and Vitamin B12 Cyanocobalamin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, B vitamins & vitamin B complex.

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

Decision rationale: CA MTUS is silent on the issue of Vitamin B. According to the ODG pain section, Vitamin B supplementation is Not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy (diabetic and alcoholic). Evidence was insufficient to determine whether specific B vitamins or B complex for these conditions was beneficial or harmful. In this case there is no documentation to support that the injured worker is Vitamin B deficient. Therefore the request for intramuscular injection of Vitamin B complex is not medically necessary.