

<b>Case Number:</b>	CM15-0184955		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 45 year old female, who sustained an industrial injury on March 2, 2010. She reported neck pain, right shoulder pain, right arm pain and right hand pain. The injured worker was diagnosed as having complex regional pain syndrome, neck pain, cervical radiculopathy, right carpal tunnel syndrome, right shoulder sprain, right-sided neuropathic pain, myofascial pain, chronic pain related insomnia, narcotic dependence and pain related depression. Treatment to date has included diagnostic studies, medications, work restrictions and radiographic imaging. Currently, the injured worker continues to report headaches, right shoulder, and arm and hand pain with associated weakness, numbness, tingling, and pain in the neck. She also noted sleep disruptions secondary to pain. Evaluation on April 2, 2015, revealed continued pain as noted. She rated her pain at 9 on a 1-10 scale with 10 being the worst. Evaluation on May 20, 2015, revealed she was "hurting more today". She rated her pain at 9 on a 1-10 scale with 10 being the worst. Medications and work restrictions were continued. Medications were continued magnetic resonance imaging (MRI) of the cervical spine and electrodiagnostic studies (EMG/NCV) were recommended. Evaluation on June 17, 2015, revealed continued pain rated at 5-7 on a 1-10 scale with 10 being the worst. Evaluation on July 9, 2015, revealed continued pain. She rated her pain at 9 on a 1-10 scale with 10 being the worst. She noted the pain interferes with sleep and activities of daily living. A neuropathy workup was ordered including a B12 level. Evaluation on July 15, 2015, revealed continued pain as noted. She noted she had good and bad days and continued to use Norco for pain. She rated her pain at 6-7 on a 1-10 scale with 10 being the worst. Many of the documents were hand written and difficult to decipher. The RFA included requests for B12 Qty: 30 that was denied and Norco that was modified on the utilization review (UR) on August 19, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg qty: 240:** 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): Opioids for chronic pain.

**Decision rationale:** The claimant was injured in 2010 with shoulder, neck and right hand pain. There are headaches. As of April, she is hurting more. Norco was modified. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

**B12 qty: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems and Functional Recovery in Workers.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Vitamin B12 injections.

**Decision rationale:** The MTUS is silent on the use of this vitamin. The ODG however is not supportive, noting it is not recommended. It notes that 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. I would not advise risking patient harm with the regimen; I would agree

with the non-certification. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding Vitamin B injections and its variants: Not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine) - beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid) - pellegra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid) - megaloblastic anemia; (8) vitamin B12 (various cobalamins) - pernicious anemia, myelopathy, neuropathy, dementia, sub acute combined degeneration of the spine, and decreased cognition. There is no evidence in case that this claimant had these clinical deficiencies. The request is not medically necessary.