

<b>Case Number:</b>	CM15-0190929		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/08/1994
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Arizona, California  
 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 62 year old female injured worker suffered an industrial injury on 6-8-1994. The diagnoses included bursae and tendon disorder of the shoulder, lumbar post-laminectomy syndrome, lumbosacral spondylosis without myelopathy, degenerative lumbar-lumbosacral intervertebral disc and degeneration of the cervical intervertebral disc, cervical spondylosis, and idiopathic peripheral neuropathy. On 9-4-2015 the treating provider reported chronic, severe pain in the lower back that radiated down to the lower extremities. Since the last visit there was increase in neck, low back and bilateral lower extremity pain. She reported the average pain without medication was 10 out of 10 and with medication 7 out of 10. The provider reported the medications prescribed were keeping the patient functional, allowing for increased mobility and tolerance of activities of daily living and home exercise. On exam the lumbar -sacral tenderness with reduce range of motion along with right and left straight leg raise. The gait was impaired with weakness and is in a wheelchair. It was noted there was hyperalgesia and allodynia in the right lower extremity extending to the foot. The provider reported to continue with ITP medication decreasement and to increase medication to Opana 40mg ER #60. The medical record did not include evidence of aberrant drug risk assessment. Prior treatment included cervical epidural injections and medication. She failed ITP Morphine due to over sedation and ineffectiveness. Diagnostics included electromyography studies 2-5-2015 showed abnormalities consistent with polyneuropathy. Request for Authorization date was 9-16-2015. The Utilization Review on 9-20-2015 determined non-certification for L-Methylfolate B6-B12 3-35 with 3 refills and Opana ER 40mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of L-Methylfolate B6-B12 3-35 with 3 refills: 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 (Chronic), 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 chapter and pg 141.

**Decision rationale:** According to the guidelines, Vitamin B is not recommended. Although it is often provided for neuropathy, there is insufficient evidence of its benefit. Folate or B levels were not provided. Future need cannot be justified. The request for Methylfolat with 3 refills is not medically necessary.

### **1 prescription of Opana ER 40mg #60: 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, Opioids for neuropathic pain.

**Decision rationale:** Opana is an opioid that is not 1st line for mechanical or compressive etiologies. The claimant was on Morphine pump and Duragesic patches. There pain level remained high. There was no indication of multiple opioids. Prior taper efforts of Opana were not sustained. The continued use of Opana is not medically necessary.