

Case Number:	CM15-0034726		
Date Assigned:	03/03/2015	Date of Injury:	11/12/2009
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29-year-old female who reported an injury on 11/12/2009. The mechanism of injury was cumulative trauma. The documentation of 01/12/2015, revealed the injured worker underwent a revision of right cubital tunnel release, with anterior subcutaneous ulnar nerve transposition on 12/02/2014. The injured worker indicated she was happy with the improvement in sensation in her forearm. The physical examination revealed the injured worker had a well healed surgical incision and minimal swelling. The injured worker only had minimal discoloration in the incision line. The injured worker continued to report subjective changes in sensation in the anterior and posterior incision. However, there was sensory loss. The treatment plan included a return in 6 weeks. The injured worker underwent physical therapy for the hand. The documentation of 01/15/2015 indicated that the injured worker had started physical therapy and was noticing increased range of motion. The documentation indicated the injured worker's pain was better with medications, and the pain was 5/10 without medications, and 3/10 with medications. The injured worker was utilizing Voltaren gel for pain, and she tried ibuprofen. However, it caused a lot of GI upset, even with omeprazole. The injured worker did not need refills. The physical examination revealed the injured worker had tenderness to palpation over the lateral proximal forearm and surgical incision. The medications included Voltaren gel. The diagnoses included ulnar lesion right, and sprain triceps right. The documentation indicated the injured worker underwent a Qualified Medical Evaluation, which recommended amitriptyline to help with nerve pain and difficulty sleeping at night, and the injured worker should undergo physiotherapy. High doses of B vitamins, including B1, B2, B6, and B12, were recommended.

Additionally, the QME indicated the injured worker should consider Tylenol or tramadol for flare-ups. The injured worker indicated she was interested in trying amitriptyline and, as such, it was written. The request was made for a vitamin B injection and a specialist to perform the injections, and the request was made for a GI specialist. The physician prescribed amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mg #30 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated the injured worker was starting to utilize the medication. As such, there would be no necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for amitriptyline 25 mg, #30, with 3 refills, is not medically necessary.

Vitamin B injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Vitamin B, B vitamins & vitamin B complex.

Decision rationale: The Official Disability Guidelines indicate that vitamin B is not recommended for chronic pain, unless it is associated with documented vitamin deficiency. The documentation indicated the recommendation was per the Qualified Medical Evaluation. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the quantity of injections being requested. Given the above, and the lack of documentation of exceptional factors, the request for vitamin B injections is not medically necessary.

Referral to specialist for Vitamin B injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. As the request for vitamin B injections was found to be not medically necessary, the referral to the specialist for vitamin B injections would not be medically necessary.

Referral GI specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the request had previously been made for a GI specialist. There was documentation of GI complaints with ibuprofen and with omeprazole. However, there was a lack of documentation of indicating that the injured worker would continue utilizing NSAIDS. Given the above, and the lack of documentation, the request for a referral to a GI specialist is not medically necessary.