

Case Number:	CM14-0099840		
Date Assigned:	07/28/2014	Date of Injury:	04/08/1999
Decision Date:	10/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old female injured on 04/08/99 as a result of cumulative trauma resulting in bilateral upper extremity pain and cervical pain. The injured worker subsequently suffered a fall due to initiation of Butrans 15mcg resulting in right shoulder pain. Current diagnoses include cervical sprain/strain, cervical discopathy, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, gastrointestinal complaints, shoulder pain, and right shoulder moderate impingement. A clinical note dated 06/30/14 indicated the injured worker presented complaining of right shoulder and bilateral wrist and hand pain. The injured worker rated pain at 9-10/10. The injured worker reported onset of left shoulder symptoms due to overcompensation secondary to right shoulder injury. Physical examination revealed tenderness present in the sternoclavicular joint, anterior capsule, and acromioclavicular joint of the right shoulder, decreased range of motion in the right shoulder, crepitus on motion present, Neer's/Hawkins/impingement sign positive, motor strength 4/5, deep tendon reflexes +2, Tinel's sign positive to bilateral hands, Phalen's sign present, diffused form tenderness present without specific swelling, wrist motor strength graded 3/5, decreased bilateral hand range of motion. The injured worker received Toradol and V12 complex injection. Prior documentation indicated a decrease from 15mcg to 5mcg with Butrans 1 per week with 1 refill for pain relief following a fall with the use of 15mcg patch. The only other medication listed was Hydrocodone. The initial request was non-certified on 07/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Butrans Patch 5 mcg #4 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Retrospective request for Butrans Patch 5 mcg #4 with 1 refill cannot be recommended as medically necessary at this time.

Retrospective request for Injection of Vitamin B12 Complex #1: 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 American College of Occupational and Environmental Medicine (ACOEM), online version, Chronic Pain, Medications, Vitamins.

Decision rationale: Current ACOEM guidelines indicate vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. There is no indication the injured worker has documented Vitamin B deficiencies necessitating Vitamin B12 injection. As such, the request for Retrospective request for Injection of Vitamin B12 Complex #1 cannot be recommended as medically necessary.