

Case Number:	CM15-0010818		
Date Assigned:	01/28/2015	Date of Injury:	10/07/1998
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 67 year old female with an industrial injury dated 10/07/1998. She presented on 12/10/2014 for follow up with complaints of fatigue, joint pain, depression and sleep difficulties. Physical exam noted antalgic gait, sacroiliac joint tenderness on the left and limited range of motion of the lumbar spine. Diagnosis includes fibromyalgia/myofascial pain, carpal tunnel syndrome, low back pain, lateral epicondylitis of elbow, and pain in hip, pelvic region and thigh and shoulder pain. Prior treatments include acupuncture, massage, physical therapy, TENS, and medications. On 01/09/2015 utilization review issued the following decisions: Tramadol 37.5/325 # 810 was modified to Tramadol 37.5/325 # 270. MTUS was cited. Skelaxin 800 mg # 810 was non-certified. MTUS was cited. Nascobal nasal spray 500mcg/0.1 ml (in bottles) # 36. ACOEM was cited. Retrospective (Date of service 12/10/2014) trigger point injection to the lumbar muscles. MTUS was cited. Retrospective (Date of service 12/10/2014) trigger point injection to the left carpal tunnel. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #270 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

Decision rationale: Tramadol is not recommended as a first line oral analgesic and MTUS guidelines do not recommend long term use of opioids including Tramadol. In this case, there is no indication that the patient is planning to decrease/wean off this medication. Thus the requested 37.5/325mg Tramadol #270 with 2 refills is not considered medically necessary. Tramadol 37.5/325 mg #270 with no refill is more appropriate and necessary.

Skelaxin 800mg #270 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Skelaxin is recommended for short term treatment of an acute exacerbation of chronic back pain. In this case, there was no documentation of an acute exacerbation. Skelaxin 800 mg #270 with 2 refills is not medically necessary and appropriate.

Nascobal Solution nasal spray 500mcg/0.1ml #12 bottles with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA prescribing information for cyanocobalamin

Decision rationale: The FDA prescribing information for cyanocobalamin indicates that it is used for vitamin B12 deficiencies due to malabsorption. It is not indicated for treatment of pain, inflammation or neuropathic disorders. In addition complementary and alternative treatments are not recommended for treatment of chronic pain due to a lack of evidence of efficacy. Based on the currently available information and lack of malabsorption disorders in this patient, cyanocobalamin is not medically appropriate and necessary for this patient.

Retrospective Trigger point injection to the lumbar muscles, quantity: 1 (date of service 12/10/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

Decision rationale: Trigger point injection is recommended for myofascial pain with limited lasting value. They may be necessary to maintain function in those with myofascial problems with trigger points present which twitch in response to stimulus. In this case, the patient experienced myofascial pain and a trial with trigger point injection was appropriate and necessary.

Retrospective Trigger point injection to the left carpal tunnel, quantity: 1 (date of service 12/10/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Trigger point injections are recommended only for myofascial pain syndrome. There is no indication for trigger point injection to the carpal tunnel. Based on the clinical information received, the request is not medically necessary or appropriate.