

Case Number:	CM13-0040658		
Date Assigned:	12/20/2013	Date of Injury:	07/23/2012
Decision Date:	02/03/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. He 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 physician reviewer was selected based on his 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 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 patient is a 28 year old female with a history of injury 7/23/12. She has diagnosis of being overweight, lumbosacral strain, left ulnar nerve suluxation, left ulnar nerve neuritis, and left shoulder impingement syndrome. A request for vitamin B6 was reportedly made, although no record of this order is noted in the chart. UR denied request 10/10/13. An appeal was made 10/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescribed drug (Vitamin B6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR

Decision rationale: Per the PDR, Vitamin B6 is used in the treatment of pyridoxine deficiency due to inadequate dietary intake, drug-induced deficiency (from isoniazid [INH] or oral contraceptives), and inborn errors of metabolism (eg, vitamin B6 dependent convulsions or vitamin B6 responsive anemia). Indicated when PO administration is not feasible (e.g. anorexia,

N/V, preoperative and postoperative conditions) and when GI absorption is impaired. This record does not indicate the reason why this med may have been ordered. The pt does not appear to fulfill the criteria for the med. Based on these guidelines, the med is not certified.