

Case Number:	CM13-0042827		
Date Assigned:	12/27/2013	Date of Injury:	01/09/2009
Decision Date:	08/07/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and is licensed to practice in California. 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 patient is a 41 year old female who was injured between 01/08/2008-01/08/2009 while working, when she developed pain in her bilateral wrists and hands. Per the records reviewed, she carries a diagnosis of Schizoaffective disorder, alcohol and cocaine abuse/dependence, borderline personality disorder, fatty liver, sleep apnea and carpal tunnel syndrome. Prior treatment history has included chiropractic care, over the counter analgesic medication, and cortisone injection to the wrist. She underwent a carpal tunnel release surgery of bilateral wrists November 2009 and August 2010. Medications include Trazadone, Effexor, and Saphris. Diagnostic studies reviewed include EMG/nerve conduction study dated 06/12/2009 revealed normal nerve conduction studies of the upper extremities. Clinic note dated 08/07/2013 documented the patient with complaints of dull, achy pain in the right hand, radiating to the neck. Pain is associated with weakness, numbness and tingling. The pain is temporarily relieved by physical therapy, use of cold, use of heat, ointment or patches and hot baths or showers. The pain is partially relieved by injections, prescribed medications, brace or support, gentle exercise and stretching. Objective findings on examination reveal the right hand with full range of motion. There are well healed scars noted in the volar wrist region and volar palm region. 5/5 in strength. Negative Finklestein's test. Sensory to two-point is intact. There is positive Tinel's test and positive Phalen's test is noted. There is negative Tinel's test at the medial elbow. Negative elbow flexion. Examination of the left hand shows full range of motion. Sensory is intact. 5/5 in strength. There is negative Tinel's at the medial elbow. Negative elbow flexion test noted. There is a well-healed scar noted in the left palm. There is positive Tinel's test, less severe on the left. Positive Phalen's test noted. Grip strength is 27, 21, 24 kg on the right and 25, 24, 25 kg on the left. There is no documentation that the patient was ever tested for vitamin B6 or has a diagnosis of vitamin B6 deficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAMIN B-6 100 MG, #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Carpal Tunnel Syndrome Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Carpal Tunnel Syndrome, Vitamin B6 (pyridoxine).

Decision rationale: According to the referenced ACOEM guidelines, Vitamin B6 had often been used in carpal tunnel syndrome when it is perceived to be deficient, but this practice is not consistently supported by the medical evidence. The Official Disability Guidelines state that pyroxidine (B6) is not recommended for the treatment of CTS. The medical records do not establish the patient has a Vitamin B6 deficiency as to warrant consideration of oral supplementation. Furthermore, the guidelines demonstrate vitamin B6 supplementation as a treatment for CTS is not supported by the medical literature, as the efficacy has not been established. Therefore, the medical necessity of Vitamin B-6 100 MG, #100 is not established.