

Case Number:	CM13-0043044		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2012
Decision Date:	04/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Practice, 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 patient is a 57-year-old who reported an injury on 07/26/2012. The mechanism of injury was noted to be lifting and turning a postoperative patient. The patient was diagnosed with cervical spine sprain, right shoulder sprain, and left carpal tunnel syndrome. The patient's symptoms included low back pain rated at 7/10 that radiated down both legs and to the toes. The patient continues to have muscle spasms in both legs. The patient reported increased problems grasping and an inability to hold on to items. The documentation submitted for review indicates the patients past treatment included home exercises, home traction unit, Vitamin B6, and a home Transcutaneous Electrical Nerve Stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR VITAMIN B6 100MG, 90 COUNT, WITH ONE REFILL, PRESCRIBED ON SEPTEMBER 19, 2013.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B6 Section.

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 B6 Section.

Decision rationale: According to the Official Disability Guidelines, Vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data and randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy, and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity, while there is a small, significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. The patient continued to experience cervical neck pain that radiated across her shoulder, up her neck, and down her bilateral arms. The patient stated that this pain exacerbates her carpal tunnel symptoms. The documentation submitted for review indicates the patient has been taking Vitamin B6; however, the duration of time the patient has been taking it and whether this medication has been effective is unclear. In addition to that the guidelines state the use of vitamin B is not recommended. Therefore, the request is not supported. The request for vitamin B6 100 mg, 90 count with one refill, provided on September 19, 2013, is not medically necessary or appropriate.