

<b>Case Number:</b>	CM13-0066496		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/17/2006
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 physician 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 56 year old female with date of injury 1/17/06. The treating physician report dated 10/30/13 indicates that the patient has pain affecting the lumbar spine and is preparing for a spinal cord stimulator that was authorized. The current diagnoses are: 1. Displacement lumbar disk without myelopathy 2. Degeneration lumbar disk 3. Post laminectomy lumbosacral pain 4. Major depressive disorder The utilization review report dated 11/20/13 denied the request for 49+ Vitamin supplement based on the rationale of lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reg 49+ tab #60 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines (DDG), Mental Illness and Stress.

**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.

**Decision rationale:** The patient presents with chronic lumbar pain and depression. The current request is for "49+", a vitamin supplement. The MTUS and ODG guidelines do not address this vitamin supplement. The treating physician's report dated 10/30/13 states that a sample of vitamin REQ +49 was provided and that the patient has responded well to the use of this multivitamin. The 11/12/13 appeal report for 49+, a vitamin supplement, states, "it is indicated for the distinct nutritional requirements of an individual who has suboptimal L-Methylfolate levels in the CSF, unreadable and or red blood cells and suffers Major Depressive Disorder, particular emphasis as an adjunctive support for individuals who are taking an antidepressant." There was no medical literature supporting this 49+ vitamin. Peer reviewed scientific medical evidence failed to support this product. However, for Vitamin supplement, ODG guidelines states that Vit D can be considered for chronic pain but Vit B is not. It does not discuss other vitamins. It is not known what is all contained in "49+" vitamin. Based on the criteria as outlined in LC4610.5(2) expert opinion was required to make this decision. The treating physician states that this vitamin is for an individual with suboptimal L-Methylfolate levels in the CSF. There were no lab values to support the treater's claim that this patient has suboptimal levels of L-Methylfolate levels in the CSF. There is also lack of medical evidence that lower levels of L-Methylfolate levels in CSF results in depression or chronic pain. Recommendation is for denial.