

<b>Case Number:</b>	CM13-0067136		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopedic Surgery 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:

According to the records made available for review, this is a 59-year-old male with a 10/14/05 date of injury, and status post L4-S1 posterior lumbar interbody fusion. At the time (11/7/13) of request for authorization for retro vitamin B12 complex injection and retro urine drug screen, there is documentation of subjective (continued symptomatology in the lumbar spine) and objective (exquisite amount of pain and tenderness over the top of palpable hardware) findings, current diagnoses (status post lumbar fusion, retained symptomatic lumbar spine hardware, rule out neural compromise), and treatment to date (medications (including Tramadol)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETRO VITAMIN B12 COMPLEX INJECTION:** 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 B.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Vitamin B.

**Decision rationale:** MTUS does not address this issue. ODG identifies that vitamin B is not recommended, that it is frequently used for treating peripheral neuropathy but its efficacy is not

clear. Medical Treatment Guideline identifies documentation of a condition/diagnosis for which vitamin B12 injection is indicated (such as vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency), to support the medical necessity of vitamins B12 injection. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion, retained symptomatic lumbar spine hardware, rule out neural compromise. However, there is no documentation of a condition/diagnosis for which vitamin B 12 injection would be indicated. Therefore, based on guidelines and a review of the evidence, the request for retro vitamin B12 complex is not medically necessary.

**RETRO URINE DRUG SCREEN:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion, retained symptomatic lumbar spine hardware, rule out neural compromise. In addition, there is documentation of on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for a urine drug screen is medically necessary.