

Case Number:	CM14-0113618		
Date Assigned:	08/01/2014	Date of Injury:	05/13/2009
Decision Date:	10/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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 an injured worker with the diagnoses of lumbar spine degenerative disc disease and 4 mm disc protrusion and degenerative joint disease both knees with bilateral meniscal tears. Date of injury was 05-13-2009. Regarding the mechanism of injury he was pulling baggage, his knee buckled, causing him to land on the floor. Secondary treating physician's initial comprehensive evaluation report dated 5/8/14 documented subjective complaints of pain on bilateral knees. The patient has had no significant past medical history. Physical examination was documented. On examination, the patient is a well-developed, well-nourished right handed male who appears his stated age. The patient is alert, responsive and in no acute distress. The patient is unable to perform examination of the knees due to pain. Diagnoses were bilateral knee internal derangement. The treatment plan included Hydrocodone/Acetaminophen 10/325mg. Vitamin B12 injection was administered intramuscularly into the patient's gluteus muscle today. The physician ordered a one-time Proove Biosciences Narcotic Risk laboratory test. Utilization review determination date was 5/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: B12 injection administered to the gluteus on 5/18/14: 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) Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Cyanocobalamin (Vitamin B12) <http://www.drugs.com/pro/cyanocobalamin.html>

Decision rationale: FDA Prescribing Information states that Cyanocobalamin (Vitamin B12) is indicated for Vitamin B12 deficiencies due to malabsorption which may be associated with the following conditions: Addisonian (pernicious) anemia; gastrointestinal pathology, dysfunction, or surgery, including gluten enteropathy or sprue, small bowel bacterial overgrowth, total or partial gastrectomy; fish tapeworm infestation; malignancy of pancreas or bowel; folic acid deficiency. Medical records do not document laboratory tests. The secondary treating physician's report dated 5/8/14 documented that the patient had no significant past medical history. No rationale for the use of Vitamin B12 was documented. As such, the request is not medically necessary.

One-time Proove Biosciences Narcotic Risk lab test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

Decision rationale: Official Disability Guidelines (ODG) state that Cytochrome P450 testing is not recommended. Cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Cytochrome P450 testing is not recommended. Genetic testing for potential opioid abuse is not recommended. Official Disability Guidelines (ODG) do not recommend genetic testing for potential opioid abuse. The Proove Biosciences Narcotic Risk genetic test is not supported and the request is therefore not medically necessary.