MAXIMUS Federal Services

Case Number:	CM14-0164409		
Date Assigned:	10/09/2014	Date of Injury:	01/04/2012
Decision Date:	11/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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 claimant was injured on 01/04/12. Over-the-counter B12 tablets for the lumbar spine for nerve pain are under review. She had a comprehensive orthopedic evaluation on 02/10/14. She was in constant pain. She was on Norco and Flexeril. She has received future medical. The claimant has low back pain and had surgery in March 2014 for decompression at L4-5 and L5-S1. She reported only slight improvement when she was seen on 08/26/14 and she was not getting any therapy. She was on multiple medications. She was overweight. She had an antalgic gait. She had some decreased sensation on the right side at level L4-S1. There was mention of motor strength deficits in the right leg. Other diagnoses include anxiety, depression, and insomnia. She also has Percocet/hydrocodone dependence and is status post microdiscectomy and decompression redo 03/27/14. A weight loss program was recommended. Over-the-counter sublingual B12 tablets were recommended to help her nerves feel better. There is no mention of anemia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Over the counter B-12 tablets for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Harrison's Principles of Internal Medicine, chapter on pernicious anemia

Decision rationale: The history and documentation do not objectively support the request for over the counter vitamin B12 for the claimant's low back pain and nerve symptoms. The use of vitamin B12 is not addressed by the MTUS or ODG and Harrison's textbook recommends it for treatment of pernicious anemia which has not been diagnosed in this case. There is no evidence in the literature to support its use for nerve pain or nerve injury. The medical necessity of this request for over the counter vitamin B12 for the low back has not been clearly demonstrated.