

Case Number:	CM14-0185617		
Date Assigned:	11/13/2014	Date of Injury:	03/25/2009
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for hearing loss and tinnitus reportedly associated with an industrial injury of March 25, 2009. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for vitamin B12 injections. The applicant's attorney subsequently appealed. In a progress note dated September 18, 2014, the applicant reported a five-year history of progressively worsening hearing loss and tinnitus, reportedly severe. The applicant did have 3 to 4 ear infections a year. The applicant had a history of working in boiler rooms for 30 years, both in the private sector and in the [REDACTED], it was acknowledged. The applicant was now retired, it was stated. The applicant's medication list included baby aspirin, Metamucil, various vitamins, Motrin, and Norco. The applicant was given a diagnosis of high-frequency sensorineural hearing loss with associated tinnitus, left greater than right. Laboratory testing to investigate the cause of the applicant's tinnitus was endorsed. In a later note dated October 14, 2014, the applicant was asked to employ vitamin B12 shots in an effort to improve his tinnitus. In a letter dated October 20, 2014, the applicant's otolaryngologist posited that the applicant's self-administration of vitamin B12 shots should be preferable to the applicant's coming in the clinic to receive the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic B12 Injections (to be administered at home) 1CC #16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus; A Service of the US National Library of Medicine From the National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com, Treatment of Tinnitus Vitamin B12 levels in Patients with Tinnitus and Effectiveness of Vitamin B12 Treatment on Hearing Threshold and Tinnitus, Berkiten et al, 2013

Decision rationale: The MTUS does not address the topic. As noted in a 2013 article entitled "Vitamin B12 Levels in Patients with Tinnitus and Effectiveness of Vitamin B12 on Hearing Threshold and Tinnitus" appearing in B-ENT, vitamin B12 replacement was not effective in applicants with tinnitus. Similarly the comprehensive literature review conducted in uptodate.com concluded by noting that no controlled studies have shown a significant benefit of niacin or "other vitamins," such as the vitamin B12 at issue, for tinnitus therapy. The attending provider, it is further noted, here, stated that laboratory testing was being conducted to work up the applicant's tinnitus. The results of the same, however, were not clearly outlined. There was no mention of the applicant's carrying a diagnosis of vitamin B12 deficiency here which would compel provision of vitamin B12, it is further noted. Therefore, the request is not medically necessary.

B12 (Methylcobalamin) Injectable Medication 10mg/MI (Vials) Qty: 16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus; A Service of the US National Library of Medicine From the National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com, Treatment of Tinnitus. Vitamin B12 levels in Patients with Tinnitus and Effectiveness of Vitamin B12 Treatment on Hearing Threshold and Tinnitus, Berkiten et al, 2013.

Decision rationale: The MTUS does not address the topic. As noted in a 2013 article entitled "Vitamin B12 Levels in Patients with Tinnitus and Effectiveness of Vitamin B12 on Hearing Threshold and Tinnitus" appearing in B-ENT, vitamin B12 replacement was not effective in applicants with tinnitus. Similarly the comprehensive literature review conducted in uptodate.com concluded by noting that no controlled studies have shown a significant benefit of niacin or "other vitamins," such as the vitamin B12 at issue, for tinnitus therapy. The attending provider, it is further noted, here, stated that laboratory testing was being conducted to work up the applicant's tinnitus. The results of the same, however, were not clearly outlined. There was no mention of the applicant's carrying a diagnosis of vitamin B12 deficiency here which would compel provision of vitamin B12, it is further noted. Therefore, the request for vitamin B12 (methylcobalamin) injections is not medically necessary.

