

Case Number:	CM14-0020452		
Date Assigned:	04/25/2014	Date of Injury:	09/22/2003
Decision Date:	07/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 52-year-old female patient diagnosed with major depressive disorder, insomnia, cervical sprain/strain, cervical discography, lumbar sprain/strain, lumbar discopathy, lumbar facet arthropathy, hand pain, carpal tunnel syndrome, knee pain, status post left wrist ganglion cyst excision following an industrial injury on 09/22/2003. The mechanism of injury is not provided for review. A request for retrospective intramuscular vitamin B12 complex was non-certified at utilization review on 01/28/14, noting that the practice of using vitamins to treat neck/back pain and/or radiculopathy is not supported by guidelines. It was noted that the submitted evidence/citation was not studying the use of B12 for musculoskeletal injury, it was a study to determine F oral or intramuscular B12 is more effective in restoring B12 in patients with low serum levels. That of the submitted reports indicate this patient has low serum Cobalamin levels or a diagnosis of vitamin deficiency. The progress note dated 01/27/14 noted the patient is working full-time, reportedly doing well." She is less depressed and sleeps 6 hours per night. The patient has been taking these medications for approximately 4 years and is medically necessary to continue the medications for the patient's well-being. The musculoskeletal examination was not performed. The medications refilled include Wellbutrin XL 300 mg 1 in the morning #35 for depression, Ativan 0.5 mg 1 in the morning and 1 at night #70 for anxiety, and Restoril 30 mg 1 at night #35 for insomnia. A 12/16/13 note describes the patient presenting with subjective complaints of pain and discomfort in the right knee. She has significant pain and discomfort in the lower lumbar spine. She reports upper extremity numbness and tingling, because she is constantly doing data entry, which she finds causes more problems. The objective findings on exam revealed positive Tinel sign at the upper extremities and decreased sensibility to the left hand. A lumbar spine exam revealed tenderness in the lower lumbar spine. A bilateral knee exam revealed crepitus and some limited range of motion. Gait was normal. A urine drug screen was

obtained to monitor her medication use and an intramuscular injection of vitamin B12 complex was performed for relief of numbness and tingling. The patient was encouraged to reduce weight and was given a prescription for a dietary supplement/medical food (AppTrim), as well as prescriptions for Naprosyn 500 mg #60 one tablet twice daily as needed with 3 refills as an anti-inflammatory, Tizanidine 4 mg #121 tablet twice daily as needed with 3 refills for spasm, and Norco 10/325 mg three times daily #90 one tablet every 6-8 hours as needed with 3 refills for severe pain. Previous treatment rendered was not described in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE INTRAMUSCULAR VITAMIN B12 COMPLEX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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

Decision rationale: Regarding intramuscular B-12 injections, the ODG guidelines state, "Not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful." In this case, documentation does not identify the patient to have a vitamin B12 deficiency, nor is there indication the patient has failed oral vitamin B-12 supplements. There are no laboratory studies provided suggesting the patient to have nutritional deficiencies. There is no high-grade evidence to support the use of vitamin B12 injections in the treatment of chronic pain or neuropathic symptoms. It appears that these vitamin B12 injections have been performed on multiple visits, and there is no indication they have resulted in any benefit. Additionally, the current request does not specify the volume used. Request for retrospective intramuscular vitamin B12 complex is not medically necessary and is not medically necessary.