

Case Number:	CM14-0021744		
Date Assigned:	05/05/2014	Date of Injury:	06/17/2013
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 is a 59 year old man with date of injury of 6/17/2013 when he slipped at work and fell on his right knee. He has been treated with chiropractic manipulation, physical therapy, acupuncture and has been evaluated with x-ray and MRI of the knee. He has a diagnosis of right medial meniscal derangement. He is prescribed Napro cream, theramine and tramadol for pain management. The request is for B12 injection for fatigue and nutritional support and for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW OF B12 INJECTION DOS: 11/12/13: 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 UpToDate, Vitamin B12 Indications.

Decision rationale: The CA MTUS does not address use of Vitamin B12 injections. ACOEM 2008 guidelines describe testing for Vitamin B12 deficiency in patients with Carpal tunnel syndrome. Accepted medical uses for Vitamin B12 are to treat a documented deficiency of Vitamin B 2. There is no documented indication for use for fatigue and nutritional support without

documented deficiency of Vitamin B12. The medical records submitted for this claimant do not describe any relevant deficiency of Vitamin B12 and do not describe any history of carpal tunnel syndrome. Therefore, the Vitamin B12 injection is not medically necessary.

RETROSPECTIVE URINALYSIS TOXICOLOGY DOS: 11/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG TESTING Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screen.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. There is no medical indication for urine drug screen.