

<b>Case Number:</b>	CM14-0059142		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old male was reportedly injured on November 3, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 13, 2014, indicates that there are ongoing complaints of low back pain from a prior epidural steroid injection. The physical examination demonstrated tenderness of the lumbar spine paravertebral muscles from L3-S1 and decreased lumbar spine range of motion in flexion and extension. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine epidural steroid injections a request had been made for a vitamin B12 injection and Senna and was not certified in the pre-authorization process on April 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Vitamin B12 1,000mcg Intramuscular Injection: 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 Official Disability Guidelines (ODG), Pain, Vitamin D, Updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. The recent meta-analysis stated that the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Considering this, the request for vitamin B12 intramuscular injection is not medically necessary.

**Senna S #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hert M, Huseboe J. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 1998 June. 49 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 78 of 127.

**Decision rationale:** Senna is often used to treat constipation secondary to opioid medications. A review of the attached medical record indicates that the injured employee's constipation was due to the usage of Tylenol #4. Tylenol #4 has been subsequently discontinued. Therefore this request for Senna is not medically necessary.