

<b>Case Number:</b>	CM14-0061829		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/31/2005
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Arizona. 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 patient is a 40 year-old female with a date of injury of 10/3/2005. Diagnoses include: lumbar and cervical radiculopathy, depression, anxiety, insomnia, constipation, GERD, headaches, and arthritis. Subjective complaints are of low back pain with radiation to the left leg, and shoulder and neck pain. The patient is status post gastric bypass surgery in 2007. The physical exam shows cervical myofascial trigger points, cervical tenderness, lumbar paravertebral tenderness, positive straight leg raise test, and decreased sensation at L4-5. Medications include: Lyrica, Lidoderm, Norco, Soma, Fentanyl, and Meloxicam. The submitted documentation does not include lab evaluation or rationale for the request for Vitamin D or Vitamin B-12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitamin B-12 Injection weekly one bottle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Vitamin B.

**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:** The ODG states that Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. For this patient, there is no evidence of peripheral neuropathy, and no rationale documented for the use of a Vitamin B-12 injection. Furthermore, there is no documentation of a history of B-12 deficiency or malabsorption. Therefore, the medical necessity of a B-12 injection is not established.

**Vitamin D-3 50,000 IU weekly #6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Vitamin D.

**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.

**Decision rationale:** The ODG recommends consideration of Vitamin D supplementation in chronic pain patients if necessary. For this patient, there is no documentation of Vitamin D lab testing and no indication of low Vitamin D levels. Therefore, the request for Vitamin D supplementation is not consistent with guidelines, and the medical necessity is not established.