

Case Number:	CM14-0075935		
Date Assigned:	07/16/2014	Date of Injury:	01/31/2011
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 56 year old employee with date of injury of 1/31/2011. Medical records indicate the patient is undergoing treatment for (unknown mechanism of injury; both hands and wrists have been accepted by the carrier). Subjective complaints include right upper extremity pain. Objective findings include positive Tinel's sign in the bilateral elbows, hands and wrists with positive elbow flexion test; positive Phalen's sign bilaterally with thenar weakness bilaterally. Treatment has consisted of Cortisone injection into right wrist. The utilization review determination was rendered on 5/8/2014 recommending non-certification of Vitamin B-6 100 gm tablets QTY: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B-6 100 gm tablets QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, 2008, Pain Section, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [https://online.epocrates.com/vitamin B6 \(common name\)pyridoxinehttp://webmd.com](https://online.epocrates.com/vitamin-B6-(common-name)pyridoxinehttp://webmd.com) Vitamin B6.

Decision rationale: Pyridoxine is a vitamin that can be found in certain foods such as cereals, beans, vegetables, liver, meat, and eggs. It can also be made in a laboratory. Epocrates Monograph Adult Dosing. Dosage forms: 25, 50,100; IM; IV isoniazid adjunct [25-50 mg PO qd] Info: to prevent neuropathy pyridoxine deficiency [2-5 mg PO qd] Start: 10-20 mg PO/IM/IV qd x3wk dietary supplementation [individualize dose] Info: see Dietary Reference Intakes: Vitamin B6 (pyridoxine) table. MTUS is silent regarding vitamin B6. ODG states that a medical food is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation". The treating physician has not documented a vitamin deficiency, isoniazid therapy, and/or a disease requiring vitamin B supplementation. As such, the request for Vitamin B-6 100 gm tablets QTY:60 is not medically necessary.