

Case Number:	CM14-0189188		
Date Assigned:	11/20/2014	Date of Injury:	07/07/2005
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 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:

Medical records corroborate ongoing care for his injuries. His chronic diagnoses include: Multilevel Cervical Spondylosis; C8 Radiculopathy; Carpal Tunnel Syndrome/Status Post Release; Left Ulnar Nerve Entrapment/Status Post Release; and Low Back Pain. He has undergone surgical treatment to include the aforementioned carpal tunnel surgery and ulnar nerve release. On 4/21/2011 he underwent a C3-C7 laminectomy for decompression of the spinal cord. Subsequent to this surgery he experienced progressive neurologic deficits requiring the use of a power wheelchair. For his neuropathic symptoms he has been treated with anti-epilepsy drugs, muscle relaxants and has undergone selective nerve root blocks. He was seen by his primary treating physician on 8/12/2014 in which it was noted that "he was prescribed Backofen 10mg 1 PO BID for spasms and Vitamin B12 1 ml Q weekly."

IMR ISSUES, DECISIONS AND RATIONALES

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

VITAMIN B12 1ML EACH WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Vitamin B. Other Medical Treatment Guideline or Medical Evidence: Up-to-Date/Diagnosis and Treatment of Vitamin B12 and Folate Deficiency.

Decision rationale: The MTUS Guidelines are silent on the use of Vitamin B12 as a treatment for chronic pain. The Official Disability Guidelines comment on the use of Vitamin B for chronic pain. These guidelines state that Vitamin B is "not recommended for the treatment of chronic pain. 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." Vitamin B12 deficiency is known to have the potential to produce neuropathic symptoms; however, this is in the context of a confirmed deficiency. The reference source Up-to-Date includes a chapter titled: Diagnosis and Treatment of Vitamin B12 and Folate Deficiency. In this chapter they present the criteria for the diagnosis of Vitamin B12 deficiency. In order to confirm the diagnosis of Vitamin B12 deficiency the following should occur: As a first step, serum for determination of both Vitamin B12 and folate concentrations should be obtained. If serum folate and Vitamin B12 concentrations are >4 ng/mL and >300 pg/mL, respectively, deficiencies of the two vitamins are unlikely, and additional testing is not required. In this case, the medical records do not provide the rationale for the use of Vitamin B12 in this patient. There is no evidence that the patient has a Vitamin B12 deficiency. The Official Disability Guidelines do not recommend the use of Vitamin B therapy for the treatment of chronic pain or peripheral neuropathy. Under these conditions, the use of Vitamin B12 injections 1 ml Q week is not considered as a medically necessary treatment.