

Case Number:	CM14-0199650		
Date Assigned:	12/10/2014	Date of Injury:	04/01/2012
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive 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 is a 62 year old patient with date of injury of 04/01/2012. Medical records indicate the patient is undergoing treatment for right shoulder disruption, SLAP tear, rotator cuff, cervical discogenic disease and chronic lumbar spine disease with radiculopathy. Subjective complaints include neck pain. Objective findings include right shoulder full range of motion and a positive impingement test. MRI arthrogram of right shoulder dated 04/22/2013 revealed s/p rotator cuff repair involving the supraspinatus tendon, there is a full-thickness re-tear of the anterior portion of the supraspinatus tendon measuring approximately 13mm from the level of the suture anchor and the tear has developed since the prior MRI on 10/27/2008. There is fraying of the superior labrum which has developed since prior MRI and status post subacromial decompression with acromioplasty, resection of the coracoacromial ligament and inferolateral clavicle resection. Treatment has consisted of Gabapentin, Napro 15%, Naproxen, Omeprazole and Tramadol. The utilization review determination was rendered on 11/06/2014 recommending non-certification of B-12 Compliance Injection Kit for date of service 5/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

B-12 Compliance Injection Kit for date of service 5/2/14: 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), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain, Vitamin B..

Decision rationale: MTUS is silent with regards to Vitamin B, therefore other guidelines were utilized. ODG states regarding Vitamin B, "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear."The medical records do not substantiate a Vitamin B deficiency, which would necessitate Vitamin B-12 supplementation. The treating physician's notes from the DOS do not indicate the medical rationale behind the injection. As such, the request for B-12 Compliance Injection Kit for date of service 5/2/14 is not medically necessary.