MAXIMUS Federal Services

Case Number:	CM15-0007673		
Date Assigned:	01/26/2015	Date of Injury:	12/05/2011
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

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 injured worker is a 60 year old female with a date of injury as 12/05/2011. The current diagnoses include lumbar radiculopathy, herniated lumbar disc, pain-related insomnia, myofascial pain syndrome, neuropathic pain, and prescription dependence. Previous treatments include multiple medications and Toradol injection for acute pain. Report dated 12/10/2014 noted that the injured worker presented with complaints that included low back pain and pain down the front of her legs. Pain level is recorded as 10 out of 10. A detailed physical examination was not included for this date of service, only vital signs. Treatment plan included multiple requests for medication. The medication list include Theramine, Poana, Protonix, Tylenol#3, Gabadone, Fioricet, Metaxalone and ElavilHe has had a urine drug toxicology report on 11/14/14 that was positive for OxymorphoneThe patient has had MRI of the low back on 6/26/14 that revealed disc protrusion and foraminal narrowing. Physical examination of the low back on 6/18/14 revealed positive SLR, limited range of motion 3-4/5 strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B-12, 2cc IM x1 for nerve health and myofascial pain: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Thompson micromedex , FDA labeled indication for vitamin B12

Decision rationale: Request: Vitamin B-12, 2cc IM x1 for nerve health and myofascial pain. ACOEM, CA MTUS and ODG do not address this request.Per the Thompson micromedex, FDA labeled indication for vitamin B12 includes: Cobalamin deficiency, Cobalamin deficiency; Prophylaxis, Malabsorption of cyanocobalamin; Diagnosis - Schilling test, Pernicious anemia. Any indication listed above that would require vitamin B12 is not specified in the records provided. Any lab test report documenting low vitamin B12 levels is not specified in the records provided. The rationale for giving Vitamin B-12 by intramuscular route was not specified in the records provided. A recent detailed physical examination was not specified in the records provided. The medical necessity of the request for Vitamin B-12, 2cc IM x1 for nerve health and myofascial pain is not fully established in this patient.