MAXIMUS Federal Services

Case Number:	CM15-0164227		
Date Assigned:	09/01/2015	Date of Injury:	09/24/2011
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York
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 50 year old female, who sustained an industrial injury on 9-24-11. She reported pain in her lower back and buttock after she fell from her chair. The injured worker was diagnosed as having lumbar radiculopathy and status post lumbar spine surgery. Treatment to date has included a spinal cord stimulator, Norco, Gabapentin, OxyContin and Valium. On 3-27-15 the injured worker rated her pain a 5 out of 10. The treating physician noted the lumbar flexion was 25 degree, extension was 0 degrees and lateral flexion was 5 degrees bilaterally. There is no urine drug screen results documented in the case and the treating physician did not document any suspected drug abuse. As of the PR2 dated 5-28-15, the injured worker reports constant low back pain radiating to the lower extremities with numbness and tingling. She rates her pain a 5 out of 10. The treating physician noted that the injured worker is wearing a lumbar spine orthosis. The treating physician administered a B12 injection during the visit. On 6-25-15 the injured worker rated her pain a 5 out of 10 in her lower back. There is no documentation of the urine drug screen results taken at the previous visit. The treating physician requested a B12 injection from 5-28-15 and a urine drug screen from 5-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro B12 injection on 5/28/15: 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) Mental/Stress: Vitamin B12.

Decision rationale: MTUS guidelines do not address the use of Vitamin B12. According to ODG guidelines, Vitamin B12 may be useful in patients with depression who have a Vitamin B12 deficiency. There are no guidelines on using Vitamin B12 to treat chronic pain. Dietary supplements have not been found to improve chronic pain. Therefore, the request for Vitamin B12 is not medically necessary.

Retro Urine drug screen on 5/28/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request for a urine drug screen is considered medically necessary. Her medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.