

Case Number:	CM15-0188036		
Date Assigned:	10/21/2015	Date of Injury:	06/10/1997
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, North Carolina
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 63 year old female, who sustained an industrial injury on 6-10-97. The injured worker is diagnosed with cervical spine syndrome occipital neuropathy-neuralgia, cervical spine musculotendinoligamentous, cervical spine bulging disc and radiculopathy, bilateral shoulder scapula-thoracic musculo-tendinous, bilateral shoulder impingement syndrome, bilateral rotator cuff tear, bilateral acromioclavicular sprain-strain and bilateral shoulder musculotendinoligamentous injury. Notes dated 5-14-15 and 9-3-15 reveals the injured worker presented with complaints of intermittent neck and bilateral upper extremity pain rated at 7-9 out of 10. She reports headaches as well. She reports she is unable to tolerate work activities. Physical examinations dated 5-14-15 and 9-3-15 is unchanged from previous examinations. She has an altered gait, loss of cervical lordosis and normal lumbar curvature. There is pain over the ulnar nerve surgical scars and swelling in her fingers. Treatment to date has included medications; Fosamax, MS Contin, Zanaflex, Propranolol, Norco, Gabapentin, Pyridoxine (5-2015), which are helping per note dated 9-3-15. Diagnostic studies include left shoulder and neck MRI and left shoulder x-rays. A request for authorization dated 9-8-15 for Pyridoxine 25 mg #30 is non-certified, per Utilization Review letter dated 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pyridoxine 25mg #30: 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) and National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pyridoxine.

Decision rationale: CA MTUS does not address the use of Pyridoxine (Vitamin B6). ODG states that it is not recommended. It has been used to treat peripheral neuropathy; however, its efficacy is unclear. In this case, the patient's date of injury was in 1997 and she complains of chronic neck, back and upper extremity pain. The Pyridoxine is being requested for treatment of nausea. There is no subjective evidence of stomach complaints or reports of nausea. There are no objective findings of abdominal pain. There are no guidelines to support the use of Pyridoxine for treatment of nausea. Therefore, it is not medically necessary or appropriate.