

Case Number:	CM15-0200230		
Date Assigned:	10/15/2015	Date of Injury:	08/10/2012
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 55 year old female, who sustained an industrial injury on 08-10-2012. She has reported injury to the neck. The diagnoses have included cervical spondylosis without myelopathy; cervical degenerative disc disease; cervical herniated disc; and cervical stenosis. Treatment to date has included medications, diagnostics, cervical epidural injection, and physical therapy. Medications have included Cymbalta, Citalopram, Hydrocodone-Acetaminophen, Cyclobenzaprine, Gabapentin-Pyridoxine, Tizanidine, and topical compounded creams. A progress report from the treating physician, dated 08-26-2015, documented an evaluation with the injured worker. The injured worker reported neck pain; she gets radiation into the right shoulder with numbness and tingling; she has right arm greater than left arm numbness and paresthesias; prolonged sitting makes it worse while resting improves it; she does not take any oral pain medications due to potential drug interaction with her psychotropic medications; and she has had a cervical epidural injection, after which she was better for more than 50% for months, but now the same symptoms have returned. Objective findings included decreased sensory to light touch at the right shoulder and right lateral forearm; moderate tenderness to palpation of the right lateral neck and trapezius; strength and range of motion testing limited due to pain and guarding; and Spurling's test is positive. The treatment plan has included the request for pyridoxine 100 mg #90. The original utilization review, dated 09-14-2015, non-certified the request for pyridoxine 100 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pyridoxine 100 MG #90: 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 uptodate.com, Vitamin B6 (pyridoxine): Drug information.

Decision rationale: "Uptodate states: Dosing: Adult Vitamin B6 (pyridoxine): Drug information, Recommended daily allowance (RDA): Oral (IOM 1998): 19-50 years: 1.3 mg, 51 years: Females: 1.5 mg, Males: 1.7 mg, Pregnancy: 1.9 mg, Lactation: 2 mg. Dietary deficiency: IM, IV: 10-20 mg/day for 3 weeks, followed by oral therapy. Doses up to 600 mg/day may be needed with pyridoxine dependency syndrome. Gyromitrin-containing mushroom (false morel) overdose/toxicity (treatment/prophylaxis) (off-label use): IV: 25 mg/kg over 15-30 minutes; repeat dose as needed to control seizures (Diaz 2005; Lheureux 2005) Nausea and vomiting of pregnancy (off-label use): Oral: 10 to 25 mg every 8 hours (Neibyl 2010) Neurological toxicities (i.e., seizures, coma) associated with ionized overdose (prevention) (off-label use): IV: Asymptomatic patients who present within 2 hours of ingesting a potentially toxic amount of ionized should receive a prophylactic dose of pyridoxine (Hernon 2015). Dosing recommendations are the same as for the treatment of symptomatic patients. Neurological toxicities (i.e., seizures, coma) associated with ionized overdose (treatment) (off-label use): IV: Acute ingestion of known amount: Initial: A total dose of pyridoxine equal to the amount of ionized ingested (maximum dose: 5 g); administer at a rate of 0.5 to 1 g/minute until seizures stop or the maximum initial dose has been administered; may repeat every 5 to 10 minutes as needed to control persistent seizure activity and/or CNS toxicity. If seizures stop prior to the administration of the calculated initial dose, infuse the remaining pyridoxine over 4 to 6 hours (Howland 2015; Morrow 2006). Acute ingestion of unknown amount: Initial: 5 g; administer at a rate of 0.5 to 1 g/minute; may repeat every 5 to 10 minutes as needed to control persistent seizure activity and/or CNS toxicity (Howland 2015; Morrow 2006) Peripheral neuropathy associated with ionized therapy for Mycobacterium tuberculosis (prevention): Oral: 25 to 50 mg/day (CDC [Kaplan 2009])." The treating physician has not document a vitamin B6 deficiency or treatment with Ionized. As such the request for Pyridoxine 100 MG #90 is not medically necessary.