MAXIMUS Federal Services

| Case Number: | CM15-0039060 | | |
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| Date Assigned: | 03/09/2015 | Date of Injury: | 08/12/2010 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

## 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
Certification(s)/Specialty: Emergency 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 (IW) is a 28 year old female, who sustained an industrial injury on 08/12/2010. She fainted at work on a day she reports as being very stressful and was taken to the ED where she was treated and released. Due to concerns about the episode, she returned to the hospital where she had a five-day stay with testing that included a Lumbar Puncture that was traumatic. After the Lumbar puncture, the IW experienced headaches diagnosed as severe migraines. Treatment to date has included medical and psychiatric/psychological treatment. Her diagnoses (01/12/2015) include new daily headaches, headaches, and cervicalgia. Currently, (01/05/2015) the injured worker complains of chronic daily headaches. She has been receiving pain management for the headaches, and prior to this was receiving pain management for chronic whole-body pain. According to the pain management specialist, she has seen several neurologists and has been on a variety of medications including Topamax, Maxalt, and Depakote without any relief. She now takes Tylenol on an occasional basis. She has had workup for sinusitis. In a primary treating physician's progress on 01/12/2015, the objective findings included a mildly decreased range of motion in the lumbar spine. The treatment plan includes a MRI of the brain with and without contrast, decrease analgesic use, lab testing, and Riboflavin 400 mg daily x 4 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Riboflavin (vitamin B12) 400mg daily no ndc#, no refills, vitamin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic); Vitamin B.

**Decision rationale:** The requested Riboflavin (vitamin B12) 400mg daily no ndc#, no refills, vitamin, is not medically necessary.CA Medical Treatment Utilization Schedule (MTUS) 2009 is silent regarding the Use of Cyanocobalamin (Vitamin b12). Other guideline used Official Disability Guidelines (ODG); Pain (Chronic); Vitamin B, note that such vitamin supplements are not recommended. The injured worker has chronic daily headaches. The treating physician has documented decreased lumbar range of motion. The treating physician has not documented vitamin deficiency or the medical necessity for this supplement as an outlier to negative guideline recommendations. The criteria noted above not having been met, Riboflavin (vitamin B12) 400mg daily no ndc#, no refills, vitamin is not medically necessary.