

Case Number:	CM14-0172469		
Date Assigned:	10/23/2014	Date of Injury:	01/22/2014
Decision Date:	12/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, post-concussive syndrome, and myofascial pain syndrome reportedly associated with an industrial injury of January 22, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and several months off work. In a utilization review report dated September 26, 2014, the claims administrator approved a request for melatonin while denying a request for vitamin B12. Non-MTUS ODG Guidelines were invoked. The claims administrator stated that his decision was based on an RFA form dated September 22, 2014. The applicant's attorney subsequently appealed. In a progress note dated October 6, 2014, the applicant reported ongoing complaints of neck pain, headaches, depression, inability to enjoy life, and inability to concentrate. Trigger point injections were administered. Norco, Topamax, Naprosyn, vitamin B12, and melatonin were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B12: 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), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins Section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines, Chronic Pain Chapter, does note that vitamins are not recommended in the treatment of chronic pain absent a documented, bona fide nutritional deficiency or nutritional deficit state. Here, however, there was/is no bona fide evidence of vitamin B12 insufficiency on file on or around the date of the request. Therefore, the request was not medically necessary.