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| Case Number: | CM14-0211263 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 12/20/2008 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 41-year-old female presenting with a work-related injury on December 20, 2008. The patient was diagnosed with cervicalgia, arthropathy of the cervical facet joint, brachial neuritis and chronic opioid use. On November 13, 2014 the patient complained of neck pain radiating to the right shoulder and arm. The pain was associated with headaches and upper extremity weakness. The patient's medications include morphine sulfate in the release and methadone as well as Valium, Provigil, and Cymbalta. Physical exam there was moderate generalized tenderness in the right upper trapezius as well as tenderness of the paravertebral muscles at C3 - C7, increased pain and restrictions was noted on cervical range of motion. The provider recommended vitamin B12 injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B-12 Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Pain (Chronic) Vitamin B

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

Decision rationale: Vitamin B-12 injection is not medically necessary. The official disability guidelines state that "Vitamin B is not recommended for the treatment of chronic pain. Vitamin B frequently used for treating peripheral neuropathy but efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trial testing the efficacy of vitamin B for treating critical neuropathy and evidence is insufficient to determine whether vitamin B is beneficial for harmful. Income the comparison of vitamin B with placebo, there is no significant short-term benefit in pain intensity while there is small significant benefit in vibration protection from oral benfotiamine, under the upper thigh. Income. Different dose of vitamin B complex, there was some evidence that higher doses resulted in the short-term reduction in pain and improvement in paresthesia, composite outcome combining pain, temperature and vibration and in a composite outcome combining pain, numbness in paresthesia. There was some evidence that vitamin B is less efficacious than alpha - lipoic acid, cilostazol or cytidine triphosphate in the short term improvement of clinical and nerve conduction study outcome." There is a lack of documentation of a peripheral neuropathy either through physical exam or electrodiagnostic studies; therefore, the requested medication is not medically necessary.