

Case Number:	CM15-0172494		
Date Assigned:	09/14/2015	Date of Injury:	04/03/1998
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 69 year old female with a date of injury on 4-3-1998. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, spinal enthesopathy of cervical region, arthropathy of cervical facet joint, brachial neuritis unspecified and chronic use of opiate drugs. Per the progress report dated 6-10-2015, the injured worker was having a lot of bilateral wrist burning and extreme exhaustion; vitamin B-12 was noted to have had helped previously. According to the progress report dated 8-11-2015, the injured worker complained of neck pain, neck stiffness, muscle spasm and tenderness. The injured worker reported that the symptoms were severe and worsening. She also complained of associated headaches. The physical exam (8-11-2015) reveals a waddling gait. There was tenderness to the paravertebral muscles at C3-7. There was tenderness to palpation to the lumbar spine. Treatment has included spinal cord stimulator and medication. Current medications (8-11-2015) included opioids for neck pain, Meloxicam, Baclofen and Lyrica. The request for authorization dated 8-13-2015 was for medication refills and a Vitamin B-12 injection. The original Utilization Review (UR) (8-20-2015) denied a request for a Vitamin B-12 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, up to 1000mcg: 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 Chapter, updated July 15, 2015 Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/ency/article/002403.htm>.

Decision rationale: Pursuant to Medline plus, vitamin B12 injection up to 1000 mcg is not medically necessary. Vitamin B12 is a water-soluble vitamin. Water-soluble vitamins dissolve in water. After the body uses these vitamins, leftover amounts leave the body through the urine. In this case, the injured worker's working diagnoses are cervicalgia; spinal enthesopathy cervical region; arthropathy cervical facet joint; brachial neuritis unspecified; chronic use of opiate drugs. Date of injury is April 3, 1998. Request for authorization is August 13, 2015. According to an April 11, 2015 progress note, subjective complaints include neck pain that radiates to the upper extremities. The treating provider is requesting vitamin B12. Vitamin B12 is not indicated for chronic pain. There is no documentation of vitamin B12 deficiency. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication for rationale for a vitamin B12 injection, vitamin B12 injection up to 1000 mcg is not medically necessary.