

<b>Case Number:</b>	CM15-0092565		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/14/2001
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 56-year-old female patient who sustained an industrial injury on 8/14/01. The diagnosis includes TBI (traumatic brain injury). Per the doctor's note dated 4/27/15, she had severe TBI with memory, language and executive functional abnormalities. Physical examination revealed frontal lobe syndrome. Patient was prescribed vitamin B12 and folic acid. Previous treatments included medication management and activity modification. She has had MRI brain on 11/21/14, which revealed mild atrophic changes. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Folic Acid 1 MG Qty 1050:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) B vitamins & vitamin B complex.

**Decision rationale:** Request: Folic Acid 1 MG Qty 1050 Per the cited guidelines regarding folic acid "There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine) - beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid) pellegra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid) megaloblastic anemia; (8) vitamin B12 (various cobalamins) pernicious anemia, myelopathy, neuropathy, dementia, subacute combined degeneration of the spine, and decreased cognition." Clinical signs and symptoms of deficiency of this vitamin are not specified in the records provided. The lab test with decreased level of this vitamin is not specified in the records provided. The medical necessity of Folic Acid 1 MG Qty 1050 is not medically necessary.

**B12 2500 MCG Qty 420:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) B vitamins & vitamin B complex.

**Decision rationale:** Request: B12 2500 MCG Qty 420 Per the cited guidelines regarding vitamin B12 "There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine) beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid) pellegra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid) megaloblastic anemia; (8) vitamin B12 (various cobalamins) pernicious anemia, myelopathy, neuropathy, dementia, subacute combined degeneration of the spine, and decreased cognition." Details of clinical signs and symptoms or other evidence of deficiency of this vitamin are not specified in the records provided. The lab test with decreased level of this vitamin is not specified in the records provided. The medical necessity of B12 2500 MCG Qty 420 is not medically necessary.