MAXIMUS Federal Services

Case Number:	CM13-0022117		
Date Assigned:	12/18/2013	Date of Injury:	09/14/1995
Decision Date:	05/02/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/05/2013

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:

According to the records made available for review, this is a 80-year-old female with a 9/14/95 date of injury and status post spinal fusion and revision T3-pelvis for broken rods about 8 months ago. At the time (7/22/13) of request for authorization for Toradol injection [redacted], Triamcinolone cream 0.1 percent, and vitamin B12 injection, there is documentation of subjective (7 out of 10 low back pain radiating to the bilateral lower extremities and into the feet, neck pain, and swelling in the legs) and objective (trigger points in the neck and upper back, pain on cervical extension, tenderness to palpation in the trapezial area, cervical facet joints and cervical paraspinals, tenderness to palpation of the lumbar midline, paralumbar and paraspinal muscles, and pain on lumbar extension) findings, current diagnoses (lumbago, cervicalgia, and myofascial pain syndrome), and treatment to date (spinal fusion and medications). In addition, 7/22/12 medical report plan identifies start patient on Triamcinolone cream. Regarding the requested Toradol injection [redacted], there is no documentation of acute pain that requires analgesia at the opioid level. Regarding the requested Triamcinolone cream 0.1 percent, there is no documentation of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. Regarding the requested vitamin B12 injection, there is no documentation of a condition/diagnosis for which vitamin B12 injection is indicated (vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency).

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL INJECTION [redacted]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In addition, ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Toradol injection. Within the medical information available for review, there is documentation of diagnoses of lumbago, cervicalgia, and myofascial pain syndrome. In addition, there is documentation of moderately severe pain. However, there is no documentation of acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for Toradol injection [redacted] is not medically necessary.

TRIAMCINOLONE CREAM 0.1 PERCENT: 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 http://www.rxlist.com/triamcinolone-cream-drug/indications-dosage.htm

Decision rationale: MTUS does not address this issue. Medical Treatment Guideline identifies that Triamcinolone cream is a topical corticosteroid and emollient combination used to reduce inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. Within the medical information available for review, there is documentation of diagnoses of lumbago, cervicalgia, and myofascial pain syndrome. However, there is no documentation of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. Therefore, based on guidelines and a review of the evidence, the request for Triamcinolone cream 0.1 percent is not medically necessary.

VITAMIN B12 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.rxlist.com/cyanocobalamin-drug/indications-dosage.htm.

Decision rationale: MTUS does not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis for which vitamin B12 injection is indicated (such as vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency), to support the medical necessity of vitamins B12 injection. Within the medical information available for review, there is documentation of diagnoses of lumbago, cervicalgia, and myofascial pain syndrome. However, there is no documentation of a condition/diagnosis for which vitamin B12 injection is indicated (vitamin B12 deficiency; pernicious anemia; gastrointestinal pathology; malignancy (pancreas or bowel); or folic acid deficiency). Therefore, based on guidelines and a review of the evidence, the request for vitamin B12 injection is not medically necessary.