

Case Number:	CM13-0044194		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2002
Decision Date:	02/24/2014	UR Denial Date:	10/20/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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 patient is a 46-year-old male who reported an injury on 06/25/2002. The patient is currently diagnosed with chronic pain syndrome, L3-S1 disc injury, L5-S1 spondylolisthesis, morbid obesity, status post body mass reduction surgery, adjustment disorder with anxiety and depression, dental injury, urological problems, GERD and a sleep disorder. The patient was seen by [REDACTED] on 08/21/2013. The patient reported severe pain. Physical examination revealed lumbar paraspinal tenderness, spasm, guarding and limited range of motion. The patient was given 2 intramuscular injections of Toradol and vitamin B12 complex. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A set of 2 intramuscular injections, one injection of toradol and one injection of vitamin B-12 complex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. There is no also no evidence of long-term effectiveness for pain or function. The Official Disability Guidelines state that vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is unclear. As per the clinical documentation submitted, the patient has previously received injections of vitamin B12 complex and Toradol on 08/21/2013 as well as 07/24/2013. The patient also recently received another injection of Toradol on 09/18/2013. Although it is stated that the patient's injections are administered for symptomatic relief of pain, the patient continued to report severe pain at each follow-up visit despite the previous injections. There were no objective findings submitted that demonstrate an acute exacerbation of the patient's pain condition. Vitamin B is used for treating peripheral neuropathy. Based on the clinical information received, the request for 2 intramuscular injections of Toradol and vitamin B12 complex is non-certified.