

<b>Case Number:</b>	CM13-0060597		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/07/1994
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 55-year-old female with date of injury of 11/7/94. Per the report dated 9/4/13, the presenting symptoms are persistent low back and left leg pain at an intensity of 8/10. Current medications include Phenergan, and Flector patches. The listed diagnoses are lumbago and low back pain. The patient is on Lyrica, Oxycodone, Oxycontin, Toradol injections, and Xanax. The treatment plan was to try something to help the patient relax and sleep; the patient also wants to continue her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR 4 ICETOROLAC TROMETHAMINE 15MG:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69. Decision based on Non-MTUS Citation Academic Emergency Medicine, Volume 5, pages 118-122

**Decision rationale:** This patient presents with chronic low back pain and lower extremity pain. The patient is on a list of different medications including chronic opiates, anxiolytic, and other medications. The treating physician has provided 60mg of injectable ketorolac in his office visit on 9/4/13. The MTUS guidelines state that ketorolac is not indicated for minor or chronic painful conditions. Furthermore, the [REDACTED] tested intramuscular injections with ketorolac versus oral ibuprofen at the emergency department; there was no significant difference in pain outcomes. There does not appear to be support for the use of ketorolac for intramuscular injections for chronic pain conditions. The request is noncertified.

**RETROSPECTIVE REQUEST FOR INJECTED VITAMIN B-12, CYNOCOLMN TO 1000MCG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Vitamin B-12 Therapy

**Decision rationale:** None of the guidelines, including the MTUS, ACOEM, and the Official Disability Guidelines, discussed vitamin B-12 for chronic pain or chronic low back pain/radiculopathy. As such, the AETNA guidelines have been consulted. AETNA does not support vitamin B-12 injections for conditions other than anemia, GI disorders, neuropathy due to malnutrition or alcoholism/pernicious anemia/posterolateral sclerosis/dementia secondary to vitamin B12 deficiency, etc. There is no indication for the use of vitamin B-12 for chronic pain unless a vitamin B-12 deficiency has been documented. The request is noncertified.