

Case Number:	CM13-0061852		
Date Assigned:	12/30/2013	Date of Injury:	05/29/2012
Decision Date:	04/11/2014	UR Denial Date:	11/17/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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:

The patient is a 36-year-old male with diagnosis of headache, neck disc protrusion, brachial neuritis or radiculitis, depression, status post right inguinal hernia repair, posttraumatic stress disorder, depressive disorder, not otherwise specified. The patient was seen on 11/21/2013 with complaints of constant headaches, neck pain radiating to the upper extremities with numbness and tingling, pain level 6/10 to 7/10 constant to the low back radiating to the lower extremities with numbness and tingling, constant right shoulder pain, and depression. The patient did state no side effects noted on oral medication. On exam, the physician noted cervical and lumbar range of motion was decreased in all planes, positive straight leg raise bilaterally, tender lumbar spine with spasms. It was the same appointment that the physician put in for a request for authorization for medical treatment, DWC Form RFA for 60 mg Toradol injection and a B12 injection, follow-up in 4 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL INJECTION 60MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NONSELECTIVE NSAIDS: Page(s): 72.

Decision rationale: The patient is a 36-year-old male with diagnoses of headache, neck disc protrusion, brachial neuritis or radiculitis, depression, status post right inguinal hernia repair. The patient was seen on 11/25/2013 with complaints of pain. The physician noted on objective findings, decreased range of motion in the cervical and lumbar area in all planes. The California Guidelines do note for Ketorolac (Toradol), this medication is not indicated for minor or chronic painful conditions. Documentation provided the pain does seem to be constant and chronic for this patient. Therefore, the request for 60 mg Toradol injection is non-certified.

B12 INJECTION 1CC: 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 Official Disability Guidelines (ODG) Pain, Vitamin B

Decision rationale: The patient is a 36-year-old male again, with diagnoses of headache, neck disc protrusion, brachial neuritis or radiculitis, and depression. The patient was seen on 11/25/2013 with complaints of pain to the neck, upper extremity, numbness and tingling, lower back pain radiating down the lower extremities also with numbness and tingling, pain is anywhere from 6/10 to 8/10. Again, in the documentation provided, this is a chronic condition for the patient as far as pain issues. The request was for 1 cc B12 injection. The Official Disability Guidelines state under vitamin B, not recommended. Vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is not clear. The recommendation for vitamin B is not recommended per Official Disability Guidelines. Therefore, the request is non-certified.