

Case Number:	CM13-0064002		
Date Assigned:	01/03/2014	Date of Injury:	06/12/2012
Decision Date:	09/10/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/11/2013

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, has a subspecialty in Pain Medicine 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 injured worker is a 33-year-old male who reported an injury on 06/12/2012. The mechanism of injury was not provided. On 12/02/2013 the injured worker presented with low back pain, shoulder pain and leg pain. Upon examination of the lumbar spine there was restricted motion, stiffness, tenderness and weakness found in the bilateral L4 and knees. There was loss of strength in the bilateral legs and hips and the L6, L4-5 and S1. Examination of the low back noted a positive straight leg raise radiating to the left and right buttock, left and right calf, left and right foot, left and right hip. The diagnoses were lumbar sprain/strain, low back pain and sacroiliac sprain/strain. Prior treatments included acupuncture and infrared. Current medications were not provided. The provider recommended Toradol/Maraine IM injection and vitamin B12 complex. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL/ MARCAINE IM INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines c Pain Medical Treatment Guidelines, NSAIDs, page(s) 70 Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketolorac (Toradol).

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and for injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The Official Disability Guidelines further state that ketorolac (Toradol) is recommended as an option to corticosteroid injections, with up to 3 injections administered intramuscularly as an alternative to opioid therapy. There is lack of evidence of a complete and adequate pain assessment. Additionally, an updated assessment of the injured worker's functional deficits was not provided. There was no rationale provided for the use of an IM injection as opposed to oral medications. Additionally, the provider's request does not indicate the dose, frequency or quantity of the injection in the request as submitted. As such, the request is not medically necessary.

VITAMIN B-12 COMPLEX: 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 Official Disability Guidelines (ODG) Pain, Vitamin B.

Decision rationale: The Official Disability Guidelines do not recommend vitamin B. Vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is not clear. A recent meta-analysis concluded there is only limited data in randomized trials testing the efficacy of vitamin B treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. There was significant short term benefit in pain intensity. As the guidelines do not recommend vitamin B, a vitamin B12 complex would not be indicated. Additionally, the provider's request does not indicate the dose, frequency or quantity of the vitamin B12 in the request as submitted. As such, the request is not medically necessary.