

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0068861 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/08/2007 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44-year-old female who reported an injury on 08/08/2007. The mechanism of injury was not stated. The patient is diagnosed with cervical radiculopathy, headaches, cervicgia, depression, and chronic pain. The patient was recently seen by [REDACTED] on 12/23/2013. The patient reported persistent pain with activity limitation. Physical examination revealed tenderness to palpation of the cervical spine, moderately limited cervical range of motion, tenderness to palpation of the lumbar spine, myofascial trigger points, and limited range of motion. Treatment recommendations at that time included continuation of current medications, including Norco, Senokot S, and ibuprofen. It is also noted that the patient was previously administered an injection of Toradol 60 mg with B12 1000 mcg on 11/25/2013 and 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL 60MG INJECTION WITH B-12 1000: 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 rationale: The patient is a 44-year-old female who reported an injury on 08/08/2007. The mechanism of injury was not stated. The patient is diagnosed with cervical radiculopathy, headaches, cervicalgia, depression, and chronic pain. The patient was recently seen by [REDACTED] on 12/23/2013. The patient reported persistent pain with activity limitation. Physical examination revealed tenderness to palpation of the cervical spine, moderately limited cervical range of motion, tenderness to palpation of the lumbar spine, myofascial trigger points, and limited range of motion. Treatment recommendations at that time included continuation of current medications, including Norco, Senokot S, and ibuprofen. It is also noted that the patient was previously administered an injection of Toradol 60 mg with B12 1000 mcg on 11/25/2013 and 09/30/2013.

IBUPROFEN 600MG #90: 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 rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state Nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, Nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen. Toradol is not indicated for minor or chronic painful conditions. Official Disability Guidelines state vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy, but its efficacy is unclear. As per the documentation submitted, the patient was administered an injection of Toradol and B12 on 09/30/2013 and 11/25/2013. There was no documentation of objective functional improvement following the initial injection that would warrant a repeat injection. As guidelines do not recommend treatment with vitamin B, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.