

Case Number:	CM14-0001332		
Date Assigned:	04/28/2014	Date of Injury:	08/08/2008
Decision Date:	07/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational Medicine 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 is a 60-year-old male with a date of injury of 08/08/2008. The listed diagnoses are: 1. Status post anterior cervical spine discectomy and fusion from C5 to C7. 2. C4-C5 junctional level pathology. 3. Lumbar discopathy with radiculitis. According to report dated 09/25/2013, there was continued pain in the cervical spine, head, and back. The physical exam showed regional tenderness, spasm, and limited range of motion. The medications at this visit included oral naproxen and topical flurbiprofen. On this date, the treating physician administered intramuscular injections of Toradol and vitamin B12 complex. There was no specific indication given for the vitamin injection, and no discussion of any vitamin deficiencies. Utilization review is dated 12/31/2013, and these two injections were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TORADOL / MARCAINE INJECTION DATE OF SERVICE

9/25/13: 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 NSAIDs, specific drug list & adverse effects, ketorolac. Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain"

study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain Page(s): 72.

Decision rationale: The treating physician has documented the presence of chronic pain in this injured worker for many years. This injured worker meets the criteria for chronic pain. A Toradol and Marcaine injection was given on 09/25/2013 for a chronic pain condition. Per the MTUS citation above, and the manufacturer, Toradol "is NOT indicated for chronic painful conditions." Per the FDA prescribing information for Toradol, concomitant use with NSAIDs is contraindicated because of the cumulative risk of inducing serious NSAID-related side effects. This injured worker was prescribed both an oral and topical NSAID at the time of this Toradol injection. Furthermore, the Academic Emergency Medicine citation above notes that oral ibuprofen is as effective as intramuscular ketorolac, indicating a lack of medical necessity for the clinical scenario in this case. The requested Toradol injection is not medically necessary based on the MTUS, manufacturers, and FDA recommendations.

RETROSPECTIVE VITAMIN B12 COMPLEX WITH MARCAINE INJECTION DATE OF SERVICE 9/25/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Pain chapter, Vitamin B and Other Medical Treatment Guideline or Medical Evidence: AETNA Clinical Policy Bulletin: Vitamin B-12 Therapy, Number: 0536 , Policy : Aetna considers vitamin B-12 injections and ACOEM Guidelines, Chronic Pain update, 2008, page 137.

Decision rationale: The MTUS does not provide direction for the use of Vitamin B12. Other evidence-based guidelines are cited above. The treating physician has not provided any evidence for a specific Vitamin B12 deficiency or specific indications for the Vitamin B12 injection given to the injured worker. The guidelines cited above recommend vitamins only when there is a documented vitamin deficiency. Since the treating physician did not document any vitamin deficiency or other specific, evidence-based indication for the Vitamin B12 injection given to this injured worker, the Vitamin B12 injection was not medically necessary.