MAXIMUS Federal Services

Case Number:	CM14-0003512		
Date Assigned:	01/31/2014	Date of Injury:	06/27/2012
Decision Date:	09/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation 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 40 year old male who sustained an industrial injury on 6/27/2012, when he fell down some stariwell steps, injurying his back. He has been diagnosed with lumbago and lumbar discopathy. According to the 11/09/2013 PR-2, the patient claims he is unable to work in any capacity due to his low back. His hernia has been repaired. Physical examination documents restricted lumbar ROM and positive left SLR. According to the orthopedic AME report dated 1/16/2014 (date of examination 11/18/2013), the patient has reached MMI. The subjective factors of impairment do not correlate with the objective findings. With regard to future medical care, the AME recommends observation. The patient's pain behavior signs are excessive in light of what appears to have been a contusion to the buttocks area. He is amplifying his symptoms on presentation and clinical signs. The AME notes the results of the diagnostic testing is relatively normal, the only modest abnormality is discogenic changes in the lumbar spine, which would be anticipated in a 40 year old. His condition would have warranted modified duty and 3-6 weeks of PT. The patient has exhausted care at this point. He can return to unrestricted work from an orthopedic standpoint, and does not require vocational rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Combination 60mg Toradol and 1CC B12 Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: Cyanocobalamin (Vitamin B12).wwwdrugs./ppa.cyanocobalamin-vitamin-b12com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, specific drug list & adverse effects, Vitamin B.

Decision rationale: According to the CA MTUS and ODG guidelines, this medication is not indicated for minor or chronic painful conditions. The Toradol injection may be recommended as an option to corticosteroid injections for the shoulder, and ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The patient's condition is clearly chronic, in which case Toradol is not appropriate. The patient does not present with any indication of severe acute pain condition, and intolerance to oral analgesics is not the case of this patient. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives, which is not the case of this patient. Furthermore, the ODG states vitamin B is not recommended. Given these factors, the medical records fail to establish the requested Toradol and vitamin B injection is appropriate and medically necessary.