MAXIMUS Federal Services

Case Number:	CM14-0006217		
Date Assigned:	03/03/2014	Date of Injury:	04/02/2000
Decision Date:	06/30/2014	UR Denial Date:	01/05/2014
Priority:	Standard	Application Received:	01/14/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, low back pain, mid back pain, shoulder pain, bilateral upper extremity pain, and headaches reportedly associated with an industrial injury of April 2, 2000. Thus far, the applicant has been treated with analgesic medications, topical compounded drugs, transfer of care to and from various providers in various specialties, and extensive periods of time off of work. A Final Determination Letter for [redacted] November 6, 2013 office visit was notable for comments that the applicant reported persistent headaches, mid back pain, low back pain, and shoulder pain, rated at 6-9/10. The frequency of the above complaints was occasional to constant. A urine drug testing was performed. The results of that test were not provided. The applicant was given prescriptions for Tramadol, Naprosyn, Motrin, and multiple topical compounds. A combination of Toradol and vitamin B12 injection was administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the Official Disability Guidelines (ODG), an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with the request for authorization for testing. An attending provider should also attach the applicant's complete medication list to the request for authorization for testing. In this case, however, neither the aforementioned criteria were met. The applicant's complete medication list was not attached to the request for authorization for testing. The attending provider did not state which drug tests and/or drug panels he intended to test for. Furthermore, the attending provider did not state when the last time the applicant was tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

RETROSPECTIVE COMBINATION TORADOL 60 MG. WITH B12 1 CC INTRAMUSCULARLY #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Diagnosis and Treatment of Vitamin B12 Deficiency, an Update, Hvas, et al, Trends in Hematology

Decision rationale: While the MTUS does not specifically address the topic of injectable ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does state that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication, then, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. In this case, there was no mention of any acute flare in chronic pain which would compel provision of injectable Toradol. The attending provider seemingly performed a ketorolac injection for the applicant's chronic multifocal pain syndrome. This is not an approved or appropriate indication for ketorolac or Toradol, per page 72 of the MTUS Chronic Pain Medical Treatment Guidelines. Similarly, the MTUS does not address the topic of vitamin B12 injections. However, as noted in the journal Trends in Hematology, once the diagnosis of vitamin B12 deficiency has been confirmed, efficient treatment can be ensured with injections every two to three months or by a daily dosage of 1 mg of vitamin B12. In this case, however, there is no evidence that the applicant has a definitive, laboratory-confirmed diagnosis of vitamin B12 deficiency. There is no evidence that the applicant had a related condition, such as pernicious anemia or history of earlier gastric bypass surgery. For all of the stated reasons, then, both the Toradol injection and the vitamin B12 injection were not medically necessary.