

<b>Case Number:</b>	CM14-0102008		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 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 injured worker is a 45-year-old male who reported an injury on 05/24/2013. The mechanism of injury was a motor vehicle accident. The diagnoses included cervical spine sprain/strain with radiculopathy, bilateral shoulder internal derangement, right elbow epicondylitis, lumbar spine pain and radiculopathy, and lumbar spine sciatica. Past treatments included physical therapy, lumbar brace, and medications. Pertinent diagnostic studies were not provided. Pertinent surgical history was not provided. The clinical note dated 08/19/2014 indicated the injured worker complained of pain in the cervical spine, bilateral shoulders, right elbow and lumbar spine. He rated the pain 9/10. He indicated that the pain in the cervical spine radiated to the bilateral upper extremities with paresthesia, as well as paresthesia in the right ankle and right foot. The physical exam revealed decrease range of motion and tenderness to palpation of the cervical spine, tenderness to palpation of the lateral joint line of the right elbow, and pain with extension. The physician also noted positive impingement in the bilateral shoulders, right shoulder strength 4+/5, left shoulder strength 3/5, limited range of motion, and tenderness to palpation of the trapezius muscles. The current medications included naproxen 550 mg, cyclobenzaprine 7.5 mg, and omeprazole 20 mg. The treatment plan included 2 IM injections of Toradol, and an IM injection of B12. The rationale for the treatment plan was not provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IM (intramuscular) Injection X2 Toradol: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Osteoarthritis including knee and hip.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 69, 72.

**Decision rationale:** The request for IM injection times 2 Toradol is not medically necessary. The California MTUS Guidelines indicate that Toradol is not indicated for minor or chronic painful conditions. The guidelines go on to state that all NSAIDs have the potential to raise blood pressure in susceptible patients. The clinical documentation provided indicated the injured worker complained of pain in the cervical spine, bilateral shoulders, right elbow and lumbar spine. The physical exam revealed decreased range of motion and tenderness to palpation of the cervical spine and bilateral shoulders, positive impingement test bilaterally, and tenderness to palpation of the lateral joint line of the right elbow. The physician also noted that he was pending authorization for the treatment of his hypertension. As the injury reportedly occurred on 05/24/2013, he is beyond the acute phase of symptoms and is being treated for chronic pain. The guidelines specifically state that Toradol is not indicated for minor or chronic painful conditions. Additionally, the guidelines warrant that NSAIDs have the potential to raise blood pressure. There is a lack of documentation to indicate whether or not the injured worker previously received Toradol injections, including quantified pain relief and functional improvement. The request for 2 injections would not allow for the reassessment of efficacy. Therefore, the request for IM injection times 2 Toradol is not medically necessary.

**IM Injection B12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Procedure Summary Updated 04/10/2014

**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 request for IM injection of B12 is not medically necessary. The Official Disability Guidelines indicate that vitamin B is not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating neuropathy, but its efficacy is not clear. The clinical documentation provided indicated the injured worker complained of pain in the cervical spine radiating to the bilateral upper extremities, and pain in the bilateral shoulders, right elbow and lumbar spine. He also reported paresthesia in the upper extremity, right ankle and right foot. The physical exam revealed decreased range of motion and tenderness to palpation of the cervical spine and bilateral shoulders, positive impingement sign, decreased strength in the bilateral shoulders, and tenderness to palpation in the lateral joint line of the right elbow. It is unclear if the injured worker previously received a B12 injection, with documentation indicating decreased pain and functional improvement. As the injury reportedly occurred on 05/24/2013, he is beyond the acute phase of symptoms, and is being treated for chronic pain. The guidelines specifically state that vitamin B is not recommended for the treatment of pain; therefore, the

treatment plan cannot be supported at this time. As such, the request for IM injection of B12 is not medically necessary.