

Case Number:	CM14-0102028		
Date Assigned:	08/08/2014	Date of Injury:	02/11/2014
Decision Date:	12/24/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	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 Neurology, has a subspecialty in Neuromuscular 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 patient is a man injured worker who sustained a work-related injury on February 11 2014. Subsequently, the patient developed a chronic back pain. According to a progress report dated on May 1 2014, the patient was complaining of chronic back pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. The provider requested authorization for Toradol and B12 injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol IM injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ketorolac (Toradol) and the FDA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 73.

Decision rationale: According to MTUS guidelines, Ketorolac (Toradol, generic available): 10 mg. Boxed Warning: This medication is not indicated for minor or chronic painful conditions. Toradol is recommended for severe acute pain for a short period of time. There is no

documentation that the patient suffered from acute pain. The patient current pain is clearly chronic. Therefore, the request to prescribe Tramadol is not medically necessary.

B12 Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Vitamin B12

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Vitamin B12. <http://www.rxlist.com/b12-drug.htm>.

Decision rationale: There is no documentation or justification for B12 injection in this case. There is no documentation of Vit B12 deficiency. Therefore, the request for B-12 IM injection is not medically necessary.