

<b>Case Number:</b>	CM14-0012203		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 patient is a 40-year-old male who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis, associated with an industrial injury date of 05/22/2013. Medical records from 08/08/2013 to 12/19/2013 were reviewed and showed that patient complained of low back pain aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. Physical examination showed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5 and S2 dermatomes. Treatment to date has included lumbar ESI, Toradol injection, vitamin B-12 complex, C5 through C7 distal disc replacement (2009), and left L4-L5 laminectomy and discectomy (2010). Utilization review, dated 01/22/2014, denied the retrospective request for INTRAMUSCULAR INJECTIONS OF 2 CC OF TORADOL MIXED WITH 1 CC OF MARCAINE DOS: 12/19/2013 because it was unclear whether the patient required analgesia at an opioid level as there was no VAS score reported; and denied the retrospective request for INTRAMUSCULAR INJECTIONS OF VITAMIN B-12 COMPLEX MIXED WITH 1 CC OF MARCAINE DOS: 12/19/2013 because there was no specific rationale identified for vitamin B-12 complex injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTRAMUSCULAR INJECTIONS OF 2 CC OF TORADOL MIXED WITH 1 CC OF MARCAINE DOS: 12/19/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, KETOROLAC (TORADOL).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that Toradol injection is recommended as an option to corticosteroid injections, with up to three injections. When administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient complains of low back pain with radicular symptoms. The medical records submitted for review showed no evidence of intolerance to opioid medications. Moreover, there was no evidence regarding the severity of pain (i.e., the VAS score) to warrant analgesia using intramuscular injections. Therefore, the retrospective request for INTRAMUSCULAR INJECTIONS OF 2 CC OF TORADOL MIXED WITH 1 CC OF MARCAINE DOS: 12/19/2013 was not medically necessary.

**INTRAMUSCULAR INJECTIONS OF VITAMIN B-12 COMPLEX MIXED WITH 1 CC OF MARCAINE DOS: 12/19/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Pain Chapter, Vitamin B.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, VITAMIN B.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that vitamin B is not recommended. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. In this case, patient complains of low back pain with radicular symptoms. The medical records submitted for review did not indicate the rationale for vitamin B12 injection. In addition, there is no evidence to support this therapeutic modality. Therefore, the retrospective request for INTRAMUSCULAR INJECTIONS OF VITAMIN B-12 COMPLEX MIXED WITH 1 CC OF MARCAINE DOS: 12/19/2013 was not medically necessary.