

<b>Case Number:</b>	CM14-0017092		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/28/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 50-year-old male who was injured on June 28, 2005. The patient continued to experience pain in the lower back. Physical examination was notable for normal motor strength in all muscles bilaterally and intact sensation. Diagnoses included anemia, lumbar degenerative disk disease, lumbar radiculopathy, and lumbar spinal stenosis. Treatment included medications, surgery, acupuncture, epidural steroid injection, and physical therapy. Requests for authorization for intramuscular injection of Toradol mixed with Marcaine and intramuscular injection of B-12 complex mixed with Marcaine were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Intramuscular Injection of 2 Cc of Toradol Mixed with 1 Cc of Marcaine (DOS: 12/18/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68, 72.

**Decision rationale:** Toradol is ketorolac, a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional

first line of treatment, but long term use may not be warranted". This medication is not indicated for minor or chronic painful conditions. Adverse effects for GI toxicity and renal function have been reported. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Therefore, this request is not medically necessary.

**Retrospective: Intramuscular Injection of Vitamin B-12 Complex Mixed with 1 Cc of Marcaine (DOS: 12/18/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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: UpToDate: Diagnosis and treatment of vitamin B12 and folate deficiency

**Decision rationale:** Vitamin B12 complex is used for the treatment of B12 deficiency, Vitamin B 12 deficiency manifests as oval macrocytic red blood cells on the peripheral blood smear, with or without anemia, the presence of hyper segmented neutrophils on the peripheral blood smear, pancytopenia (ie, the combination of anemia, thrombocytopenia, and neutropenia) of uncertain cause or unexplained neurologic signs and symptoms, especially dementia or weakness, sensory ataxia, and paresthesias. In this case there is no documentation that the patient has measured B12 deficiency. Medical necessity has not been established. Therefore, this request is not medically necessary.