

<b>Case Number:</b>	CM14-0017767		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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:

There were 200 pages provided for this review. There were several physical therapy notes provided from July and August 2014. There was a note from April 15, 2014 and there was a comprehensive preoperative consultation. They are planning to remove the cervical spine hardware. There was an application for independent medical review signed on February 6, 2014. This was for the intramuscular injection of 2 mL of Toradol mixed with one cc of Marcaine on December 9, 2013 and an intramuscular injection of vitamin B12 complex on December 9, 2013. There was reportedly no documentation of an acute exacerbation of pain. This injured worker was injured on July 14, 2011. There was some residual symptomatology in the cervical spine with hoarseness as of December 9, 2013. It was ongoing pain though, not an acute flare. Physical exam showed a well-healed anterior scar. There was tenderness in the paravertebral muscles and upper trapezius muscle spasms. There was pain with terminal motion. The neurovascular exam was intact. The note from December 9, 2013 was specifically reviewed. Examination of the cervical spine was unchanged [i.e. there was no flare or worsening]. There was tenderness at the cervical paravertebral muscles. There is pain with terminal motion. There was no evidence of an acute flare. She does have some hardware related symptoms. They discussed that surgery. The injections were given to the patient for symptomatic relief. She is currently working full duty without limitations and may continue to do so.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTRAMUSCULAR INJECTION OF 2CC OF TORADOL MIXED WITH 1CC OF MARCAINE: 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

**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: Physician Desk Reference, under Toradol injections

**Decision rationale:** Toradol, or Ketorolac, can be injected IM, and may be used as an alternative to opioid therapy. It is common in the ER and other acute care settings for pain relief. As I reviewed the note from the December 2013 visit, there was nothing out of the ordinary to suspect more than usual pain, or flare. Per guidelines, the request is not medically necessary.

**INTRAMUSCULAR INJECTION OF VITAMIN B-12 COMPLEX: 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 B

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Pain section, under Vitamin B12 injections.

**Decision rationale:** The MTUS is silent on the use of this vitamin. The ODG however is not supportive, noting it is not recommended. It notes that Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Therefore, per ODG, the request is not medically necessary.