

<b>Case Number:</b>	CM14-0110309		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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, has a subspecialty in Pain 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 injured worker is a 38 year-old female with an original date of injury on 3/12/2013. The patient sustained multiple work related injuries on various dates on 8/24/2007, 6/16/2010, and 3/12/2013 while working as a patrol officer. The industrially related diagnoses are status post right rib fracture with excision of exostosis performed on 9/21/2011 with painful scar to the surgical site, chronic mid-back pain, chronic low back pain, lumbar radiculopathy, depression, and anxiety. The patient's medication treatment included Gabapentin, Tramadol, Ibuprofen, Tizanidine, Cyclobenzaprine, Naproxen, Norco, and Omeprazole. The disputed issue is the request of Toradol injection along with vitamin B12 injection x2. A utilization review dated 6/20/2014 has non-certified this request. The stated rationale for denial for vitamin b12 injection was that ACOEM guidelines do not support the use of vitamin B12 injection in the absence of low serum cobalamin levels or the diagnosis of vitamin B12 insufficiency. Within the submitted documentation, low level of vitamin B12 was not found. The utilization review goes on to state while a single Toradol injection may have been appropriate at this time, however, Toradol injection mixed with B12 is not justified. Medical necessity of this treatment is not established, therefore, non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IM Injection of Toradol plus B12 injection x2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Vitamins for treatment of Low Back Pain Official Disability Guidelines (ODG); Vitamin B

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B

**Decision rationale:** Official Disability Guidelines (ODG), Pain Chapter, Vitamin B is not recommended. 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. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral Benfotiamine, a derivative of Thiamine. In comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in a significant short-term reduction in pain and improvement in paraesthesiae, in a composite outcome combining pain, temperature and vibration, and in a composite outcome combining pain, numbness and paraesthesiae. There was some evidence that vitamin B is less efficacious than Alpha-Lipoic Acid, Cilostazol Or Cytidine Triphosphate in the short-term improvement of clinical and nerve conduction study outcomes. Vitamin B is generally well-tolerated. (Ang-Cochrane, 2008).Chronic Pain Medical Treatment Guidelines NSAIDs, specific drug list & adverse effects, page(s) 72. Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Ketorolac is used short-term (5 days or less) to treat moderate to severe pain. Regarding the request for Ketorolac, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of severe pain in the rib and lower back region. However, guidelines note it is not indicated for chronic painful conditions. A progress note dating on 5/13/2014 shows no documentation of a recent flareup with no or worsened objective findings. The currently request for 2 injections of Toradol injection are not medically necessary. Regarding the request for "vitamin B12 complex intramuscular injection," California MTUS guidelines do not contain criteria for the use of B12. ODG states that vitamin B is not recommended. Reviewing the relevant progress note and documents provided, there is no clear sign of vitamin b12 deficiency and no objective measurements of cobalamin levels. As such, the current request for 2 injections of vitamin B12 complex is not medically necessary.Finally, the request for Toradol and Vitamin B12 Injection combination is not the standard of care. Therefore, the request for IM Injection of Toradol Plus B12 Injection is not medically necessary.