

<b>Case Number:</b>	CM14-0110952		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/14/1998
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53 year old female was reportedly injured on 9/14/1998. The most recent progress note, dated 5/8/2014, indicated that there were ongoing complaints of neck, wrist and low back pains. Physical examination demonstrated nonspecific tenderness at both wrists with positive Phalen's sign bilaterally, Tinel's sign on the right wrist, normal upper extremity reflexes, and tenderness to cervical lumbar paraspinal muscles, spasm and guarding, positive distraction tests on the right, positive foraminal compression test bilaterally, decreased cervical lumbar range motion with pain/spasm, Kemp's test/facet was positive on both sides, and the patient ambulated with an antalgic gait favoring the right. No recent diagnostic imaging studies available for review. A UDS, dated 1/16/2014, was positive for morphine. Previous treatment included Toradol injections, and activity modification, heat and medications to include Ambien, Ultram extended release (ER), Norco, Xanax and Soma. A request was made for Toradol and B12 injections, which were not certified in the utilization review on 6/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol Injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines: Pain (Chronic) - Toradol (updated 10/02/14).

**Decision rationale:** The Official Disability Guidelines (ODG) guidelines support intramuscular Toradol injections as an alternative to opiate therapy. The claimant is currently taking opioids long term for chronic neck, shoulder and low back pain after a work related injury in 1998. As such, this request is not considered medically necessary.

**B12 Injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines: Pain (Chronic) - Vitamin B (updated 10/02/14).

**Decision rationale:** TThe Official Disability Guidelines state that vitamin B injections are not recommended for the treatment of chronic pain. Although vitamin B is frequent used for treating peripheral neuropathy, their efficacy has not been established and fails to meet the appropriate evidence based medicine standards. As such, this request is not considered medically necessary.