MAXIMUS Federal Services

Case Number:	CM14-0112102		
Date Assigned:	08/01/2014	Date of Injury:	02/27/2005
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 had a date of injury of 2/27/2005 with diagnoses of lumbar discopathy, right hand arthrosis and tendonitis, left knee arthritis and meniscal tear and depression. Past treatments have included left knee arthroscopy, epidural lumbar steroid injections, physical therapy, acupuncture oral and topical medications. The requests are for 1 cc B12 Complex and 2 cc B12 Cyanocobalamin, and for 2 cc Toradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection, left bottocks (1cc B-12 Complex & 2cc B-12 Cyanocobalamin): 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, Vitamin B

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, B vitamin

Decision rationale: ACOEM 2008 guidelines describe testing for Vitamin B 12 deficiency in patients with carpal tunnel syndrome. Accepted medical uses for Vitamin B 12 are to treat a

documented deficiency of Vitamin B 12. B vitamins are not recommended in Official Disability Guidelines (ODG) for use for treatment of pain. The medical records submitted for this injured worker do not describe any occupationally relevant deficiency of Vitamin B12. Therefore, the request for vitamin B 12 injections is not medically necessary.

Intramuscular Injection, left buttocks, consisting of 2cc Toradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs): Specific recommend. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, NSAIDs; Chen, 2008; Laine, 2008; Maroon, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS guidelines are clear that non-steroidal anti-inflammatory drugs (NSAIDs) should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. No NSAID is superior to any other in providing pain relief, though side effect profiles vary. Toradol specifically contains a boxed warning that it should not be used for minor or chronic pain. The medical record does not document any severe flare of pain over baseline for which Toradol might be indicated. Additionally, there is no documentation of any trial of lower dose oral NSAID. The request for 2 cc Toradol is not medically necessary.