

Case Number:	CM14-0124168		
Date Assigned:	08/08/2014	Date of Injury:	01/31/2013
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/05/2014

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:

This is a 37-year-old female with a 1/31/13 date of injury. At the time of the Decision (7/15/14) an IM Injection of 2cc Toradol mixed with 1cc Marcaine (DOS: 10/22/13) and intramuscular (IM) Injection of Vitamin B-12 Complex (DOS: 10/22/13), there is documentation of subjective (persistent pain in the neck as well as the low back) and objective (tenderness at the cervical paravertebral muscles and pain with terminal motion, tenderness at the right side lumbar paravertebral muscles with spasm and pain with terminal motion, seated nerve root test is positive with limited range of motion) Findings and current diagnoses are cervicodorsal discopathy with radiculitis, lumbar discopathy with radiculitis, and lumbar facet arthropathy. The treatment to date is physical therapy and epidural steroid injections. Regarding IM Injection of 2cc Toradol mixed with 1cc Marcaine (DOS: 10/22/13), there is no documentation of moderately severe acute pain that requires analgesia at the opioid level.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM Injection of 2cc Toradol mixed with 1cc Marcaine (DOS: 10/22/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary: Ketorolac, Nonselective NSAIDs, Medical Clinics of North America - Volume 91, Number 1, January 2007: Nonopioid Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol), NSAIDs.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Ketorolac injection. In addition, ODG identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. There is documentation of diagnoses of cervicodorsal discopathy with radiculitis, lumbar discopathy with radiculitis, and lumbar facet arthropathy. However, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for IM Injection of 2cc Toradol mixed with 1cc Marcaine (DOS: 10/22/13) is not medically necessary.

IM Injection of Vitamin B-12 Complex (DOS: 10/22/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 06/10/2014: Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin B.

Decision rationale: MTUS does not address this issue. ODG identifies that vitamin B is not recommended; that it is frequently used for treating peripheral neuropathy but its efficacy is not clear. Therefore, based on guidelines and a review of the evidence, the request for IM Injection of Vitamin B-12 Complex (DOS: 10/22/13) is not medically necessary.