

Case Number:	CM14-0124976		
Date Assigned:	09/25/2014	Date of Injury:	09/14/2001
Decision Date:	12/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 60 year old female who was injured at work on 09/14/2001. She is reported to be complaining of pain in her neck, back and both knees. The physical examination revealed antalgic gait, tenderness and decreased motion of the low back; decreased sensations in the L3-S1 distribution; 4/5 strength in the Quadriceps, planter and toe flexors; and healed incisional scar on the left knee. The worker has been diagnoses include cervical multilevel degenerative disc disease; Lumbar discopathy, disc displacement; right knee medial meniscal tear; left hand and wrist tendinosis, Treatments have included Naproxen, Tizanidine, and Hydrocodone/APAP. At dispute is the retrospective request for intramuscular injections of Toradol (no DOS indicated, and Retrospective request for intramuscular injections of B-12 (no DOS indicated).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for intramuscular injections of Toradol (no DOS indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 09/14/2001. The medical records provided indicate the diagnosis of cervical multilevel degenerative disc disease; Lumbar discopathy, disc displacement; right knee medial meniscal tear; left hand and wrist tendinosis, Treatments have included Naproxen, Tizanidine, Hydrocodone/APAP. The medical records provided for review do not indicate a medical necessity for the retrospective request for intramuscular injections of Toradol (no DOS indicated). The MTUS does not recommend the use of Toradol (Ketorolac) for minor or chronic pain. Also, the general recommendation for non-steroidal anti-inflammatory drugs is to use the lowest dose for the shortest period in patients with moderate to severe pain. Therefore since this is a case of chronic pain, and since the dose of the medication was not specified, the requested treatment is not medically necessary and appropriate.

Retrospective request for intramuscular injections of B-12 (no DOS indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < Guide to Good Prescribing: WHO/DAP/94.11 Distr: General Original: English Guide to Good Prescribing: A practical manual <http://apps.who.int/medicinedocs/pdf/whozip23e/whozip23e.pdf> >

Decision rationale: The injured worker sustained a work related injury on 09/14/2001. The medical records provided indicate the diagnosis of cervical multilevel degenerative disc disease; Lumbar discopathy, disc displacement; right knee medial meniscal tear; left hand and wrist tendinosis, Treatments have included Naproxen, Tizanidine, Hydrocodone/ APAP. The medical records provided for review do not indicate a medical necessity for Retrospective request for intramuscular injections of B-12 (no DOS indicated). The MTUS does not recommend the use of B-12 for treatment of chronic pain. Also, the World Health Organization recommends that a drug prescription should clearly specify the strength or dose. Therefore, since the requested treatment does not include the dose, and is not a recommended treatment for chronic pain, the request is not medically necessary and appropriate.