

Case Number:	CM14-0139508		
Date Assigned:	09/05/2014	Date of Injury:	12/09/2010
Decision Date:	10/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 52 year old female with complaints of neck pain, upper extremity pain, and low back pain. The date of injury is 12/9/10 and the mechanism of injury is repetitive motion injury cutting locks in lockers for her job. At the time of request for intramuscular injections of B12 complex/cyanocobalamin and toridol, there is subjective (neck pain, low back pain, bilateral arm and leg pain) and objective (cervical paraspinal musculature tenderness/spasm, decreased range of motion cervical spine, decreased sensory C5 and C6 bilateral, decreased bilateral hand grasp, lumbar spine loss of motion with pain, sciatic stretch sign positive on the right, decreased sensory L5 dermatome) findings, imaging findings (cervical MRI shows left foraminal stenosis C5-6, MRI shoulders shows tendinosis and partial thickness tear left distal supraspinatus tendon, lumbar MRI shows disc protrusions L2/3 and L3/4), other findings (EMG shows L5 and S1 radiculopathy bilateral and carpal tunnel and cervical radiculopathy right), diagnoses (C5-6 disc herniation, bilateral shoulder impingement syndrome, lumbar sprain/strain, cervical discopathy C4-5 and C5-6 with left radiculopathy, carpal tunnel syndrome) and treatment to date (medications, rest, requests for physical therapy). Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. In the comparison with Vitamin B and placebo, there was no difference in pain intensity. NSAIDs may be beneficial in the treatment of mixed pain syndrome such as osteoarthritis combined with neuropathic pain. Specifically, Ketorolac administered intramuscular route is a very potent NSAID and prostaglandin inhibitor that is very effective at treating acute pain flare ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Injection - Intramuscular, 2cc B12 Complex and 1cc B12 Cyanocobalamin administered on (07/18/2014) Quantity:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, updated 07/10/2014; Vitamin B

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

Decision rationale: Per ODG Treatment Decisions, Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. In the comparison with Vitamin B and placebo, there was no difference in pain intensity. Therefore, the request retroactively for intramuscular injection of B12 complex and cyanocobalamin is not medically necessary.

Retro: Injection - Intramuscular, 2cc Toradol administered on 07/18/2014 Quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines 7/18/2009; ketorolac (Toradol, g.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG treatment decisions, NSAIDs may be beneficial in the treatment of mixed pain syndrome such as osteoarthritis combined with neuropathic pain. Specifically, Ketorolac administered intramuscular route is a very potent NSAID and prostaglandin inhibitor that is very effective at treating acute pain flare ups. In review of the medical records and physician progress note, this seems to be in accordance with guidelines. Therefore, the request retroactively for a one time intramuscular injection of toradol is medically necessary.