

Case Number:	CM14-0157117		
Date Assigned:	09/30/2014	Date of Injury:	11/28/2011
Decision Date:	10/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury due to cumulative trauma on 11/28/2011. On 08/05/2014, his diagnoses included neck sprain/strain, brachial neuritis or radiculitis, lumbar spinal stenosis, lumbar radiculopathy, and bilateral shoulder partial rotator cuff tear. His complaints included constant neck pain radiating to the upper extremities with numbness and tingling rated at 7/10 to 8/10, constant low back pain radiating to the lower extremities with numbness and tingling rated at 9/10, frequent right shoulder pain rated 6/10, and constant left shoulder pain rated 6/10 to 7/10. It was noted that a TENS unit and "rehab" helped with his pain. On that date, a combination 60 mg Toradol and B12 (of an unspecified dosage) injection was administered intramuscularly into the patient's gluteus muscle. There was no rationale included in this worker's chart. A Request for Authorization dated 09/11/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 combination of Toradol 60mg and B12 injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 1 combination of Toradol 60mg and B12 injection is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose in patients with moderate to severe osteoarthritis pain. Toradol is not indicated for minor or chronic painful conditions. There was no indication in the submitted documents that this worker had a diagnosis of osteoarthritis. Additionally, there was no dosage noted for the vitamin B12. Furthermore, the type of injection and the body part to be injected were not included in the request. Therefore, this request for 1 combination of Toradol 60mg and B12 injection is not medically necessary.