

Case Number:	CM14-0171738		
Date Assigned:	10/20/2014	Date of Injury:	10/04/2004
Decision Date:	11/20/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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:

According to the provided documents, this is a 59-year-old woman within an injury date on 10/4/2004. The mechanism of injury was not mentioned in the documents provided. The disputed requests are and injection of Toradol and vitamin B-12 that were provided on 9/5/14. These were addressed in the utilization review determination from 10/19/14. There is a 4/1/14 permanent and stationary report from the provider who reportedly gave the injections. At the time the patient was following up for injury to the neck, lower back, right shoulder, right arm, fingers and bilateral knees. She recently had some physical therapy that was "helpful". She was not working. The exam showed obesity, neck tenderness, and right shoulder with limited range of motion. There was reduced range of motion of the lower back, and in the upper extremities there was mild decreased sensation in the median nerve distribution. No other neurologic deficits were noted. Radiographs were taken that day of the neck, low back and right shoulder that showed a hemiarthroplasty of the right shoulder in good position. Diagnoses were cervical chronic sprain/strain syndrome with mild cervical discopathy, lumbar chronic sprain/strain syndrome with mild lumbar discopathy, carpal tunnel syndrome, status post right shoulder replacement. Patient was felt to be MMI, and she was released back to work starting 6/1/14 initially with a 4 hour shift to extend to full duty over 4 weeks. There is no mention at the time of a need for any type of injection or vitamin supplementation. Electrodiagnostic studies of the arms were done on 7/18/14 that showed evidence of entrapment neuropathy at the wrist bilaterally (carpal tunnel syndrome) as well as evidence of entrapment of the ulnar nerve.. There was a normal EMG. There was no report from 9/5/14 to indicate why the Tramadol or B-12 complex injections were given on that date. The 10/9/14 utilization review determination that did not approve the injections noted a previous peer-review from 6/27/14 that did not certify B-12 injections. That determination letter did summarize an 8/22/14 report with patient complaining of

persistent neck pain with numbness and tingling in the upper extremities and ongoing bilateral shoulder pain. Examination findings were positive for Tinel's and Phalen's, bilaterally decreased shoulder mobility, low back tenderness and spasm. At that time the provider recommended injections of Toradol and vitamin B12; an additional 8 PT sessions as well as Norco. There is no mention of any laboratory testing for the patient's B-12 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Intramuscular Injection of Toradol, 2cc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines part 2, nonsteroidal anti-inflammatory medications, nonselective NSAID Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA prescribing information

Decision rationale: MTUS guidelines states that Toradol, also known as ketorolac is not indicated for minor or chronic painful conditions. The prescribing information available on the package insert and online indicates that Toradol is a nonsteroidal anti-inflammatory drug indicated for short-term management of moderately severe to acute pain requiring analgesia at the opioid level. There is a warning that it carries many risks when administered. There is no documentation that this patient was suffering from an acute flareup of a moderately severe to severe episode of pain that would require this medication. Therefore based upon the evidence and the guidelines the request is not medically necessary.

Retro Intramuscular Injection of B-12 Complex, 2cc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/2086344-overview> Vitamin B12

Decision rationale: ACOEM, MTUS and ODG guidelines are silent on injections of vitamin B12 complex. As per Medscape, vitamin B12 deficiency results in megaloblastic anemia, peripheral neuropathy or dementia. Although the patient has a diagnosis of carpal tunnel syndrome, there is no indication that the patient is B-12 deficient and that this is because of the carpal tunnel syndrome. In the absence of B-12 deficiency, there is no indication for B-12 supplementation. Therefore, based upon the evidence and the guidelines, the request is not medically necessary.

