

Case Number:	CM14-0022960		
Date Assigned:	05/14/2014	Date of Injury:	02/15/2008
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, shoulder, and wrist pain reportedly associated with an industrial injury of February 15, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; long-acting opioids; topical agents; earlier lumbar microdiscectomy; and transfer of care to and from various providers in various specialties. In a utilization review report dated February 11, 2014, the claims administrator denied a request for injectable Toradol and injectable vitamin B12, citing both MTUS and non MTUS Guidelines. The applicant's attorney subsequently appealed. The injections in question apparently transpired on January 27, 2014. In a March 6, 2014 progress note, the attending provider sought authorization for an L5 S1 disk replacement surgery. The attending provider also sought authorization for Sprix nasal spray for postoperative pain control purposes. On November 4, 2013, the applicant was described as reporting 6/10 pain with medications and 10/10 pain without medications. The applicant was reportedly limited in terms of numerous activities of daily living, including those as basic as self-care, personal hygiene, and ambulation. The applicant was using BuTrans, Senna, and Lidoderm at that point in time. The applicant was also described as using Norco and Neurontin at various points in late 2013 and early 2014. The applicant was described as totally temporarily disabled on November 14, 2013, at which point Norco, Flexeril, and Neurontin were also endorsed. On January 15, 2014, the applicant was given prescriptions for Wellbutrin, Xanax, Klonopin, and Ambien. The applicant was placed off of work from a mental health perspective, on total temporary disability. On January 27, 2014, the applicant presented with chronic low back pain, 7/10 with medications and 10/10 without medications. The note was highly templated and was essentially unchanged as compared to earlier notes. Lidoderm, Senna, and BuTrans patches were apparently endorsed. The applicant apparently received injections in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TORADOL 60MG 1/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac/Toradol section Page(s): 72.

Decision rationale: As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, oral Ketorolac or Toradol is not indicated for chronic or mildly painful conditions. In this case, the applicant's low back pain issues were, quite clearly, chronic. There was no evidence of any acute flare of symptoms which would have supported provision of injectable Toradol on the date in question. Therefore, the request was not medically necessary.

B12 1,000MCG GIVEN IN RIGHT DELTOID ON 1/27/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamins section.

Decision rationale: The MTUS does not specifically address the topic of vitamin B12 injections. However, as noted in the third edition ACOEM Guidelines Chronic Pain Chapter, vitamins are not recommended in the treatment of chronic pain if documented deficiencies or other nutritional deficits are absent. In this case, there is no evidence of any documented nutritional deficits present. There is no evidence that the applicant in fact has any kind of vitamin B12 deficiency. Therefore, the request was not medically necessary.