MAXIMUS Federal Services

Case Number:	CM14-0032891		
Date Assigned:	06/20/2014	Date of Injury:	07/07/2009
Decision Date:	10/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/14/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 07/07/2009 by an unspecified mechanism. The injured worker's treatment history included medications MRI studies, physical therapy and B12 injections. The injured worker was evaluated on 04/17/2014 and it was documented that the injured worker revealed a slight decrease in tension signs on the right side of the knee. Quite a bit of difficulty with respect to both knees. Diagnoses included severe lumbar degenerative disc disease at the L5-S1 level with recalcitrant right lower extremity radiculopathy; right knee medial meniscus tear with grade 3 signal on MRI; right knee osteoarthritis; right knee distal femoral large enchondroma; severe left knee osteoarthritis with bone on bone disease, minimally symptomatic; recent injury to the left great toe; recent development of acute right hip trochanteric bursitis; and recent anterior lumbar fusion. There was documented the injured worker received an injection; however, the name of the injection was not provided on this date of the physical examination. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 30 mg injection IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, specific drug list & adverse effects Page.

Decision rationale: The request for Toradol 30 mg injection IM is not medically necessary. Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. The provider failed to indicate conservative care measures such as physical therapy and medication pain management. Additionally, the documents submitted indicated the injured worker receiving injections however outcome measures were not submitted for review. As such the request is not medically necessary.

B-12 1000mcg injection IM: 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 Official Disability Guidelines (ODG) Pain Vitamin B-12 Injection.

Decision rationale: The request for B12 1000 mcg injection IM is not medically necessary. According to the Official Disability Guidelines, vitamin B12 is not recommended for treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. Recent meta-analyses concluded that there were only limited data in randomized trials testing the efficacy of vitamin B12 for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B12 is beneficial or harmful. In the comparison of vitamin B12 with placebo, there was no significant short term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. The documentation submitted on 12/11/2013 indicated the injured worker was suffering from an episode of acute or chronic pain. Additionally, the provider was requesting for B12 injection to decrease the injured worker fatigue and increased medication efficacy per controlled studies evaluating the efficacy of intramuscular B12 supplementation. However, the Guidelines do not recommend vitamin B12 for acute chronic pain. As such, the request for B12 1000 mcg injection IM is not medically necessary.