

<b>Case Number:</b>	CM14-0034281		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 patient is a 50 year old female who was injured from 08/18/1998 to 08/18/1999. Prior treatment history has included is vitamin B injections and Toradol injections which provided her with benefit. Progress report dated 01/31/2014 states the patient presented to the office with complaints of aching opain in her neck which is left-sided. She has bilateral lower extremities numbness and tingling as well. She rated her pain as 6/10. She denied any lower extremity radiculopathy. On examination of the cervical spine. Forward flexion is 25 to 30 degrees; extension is 20 degrees; rotation to the right and left is 30 degrees; tilt to the right and left is 30 degrees, with paracervical spasm. There is a positive Spurling's maneuver and positive compression test is present. The lumbar spine revealed paralumbar musculature is slightly tight. She is unable to fully squat due to pain. Flexion is to 30 degrees; extension to 20 degrees; rotatin to the right and left is 25 degrees; and right and left tilt is 20 degrees. Diagnoses are cervical discopathy/stenosis, bilateral upper extremities overuse tendinitis; cervical radiculitis, lumbosacral spine lumbago, and anxiety and depression. The treatment and plan included two IM injections and she was instructed to continue with conservative therapy and pain medications. There is a request for IM vitamin B and Toradol injections. Prior utilization review dated 03/06/2014 states the request for Intramuscular injections of Vitamin B-12 complex and Intramuscular injection of 2cc of Toradol is not medically necessary as guidelines indicates vitamin B is not medically necessary and Toradol is not indicated for chronic pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intramuscular injections of Vitamin B-12 complex.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Vitamin B-12 complex.

**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.

**Decision rationale:** This is a request for Vitamin B-12 injection for a 50-year-old female with chronic neck and back pain, depression and anxiety. The MTUS guidelines do not address the request. According to ODG guidelines, Vitamin B is not recommended to treat peripheral neuropathy or pain as efficacy is unclear. Medical necessity is not established.

**Intramuscular injection of 2cc of Toradol: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC: Pain Procedure Summary Ketorol (toradol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects.

**Decision rationale:** This is a request for Toradol injection for a 50-year-old female with chronic neck and back pain, depression and anxiety. According to MTUS and ODG guidelines, Toradol (Ketorolac) is not recommended for minor or chronic pain. The drug is intended for second-line use when there are no safer alternatives. On the 10/25/13 clinic visit, notes do not provide evidence of acute exacerbation by history or examination. The lack of safer alternatives is not addressed. Medical necessity is not established.