

<b>Case Number:</b>	CM14-0035177		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 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 has submitted a claim for cervical discopathy associated with an industrial injury date of 03/30/2012. Medical records from 02/04/2013 to 03/18/2013 were reviewed and showed that patient complained of neck pain (pain scale grade not specified). Physical examination revealed tender points and positive compression and Spurling's tests. MRI of the cervical spine dated 09/24/2012 revealed C2-3 and C5-6 minor disc bulges and C5-6 annular tear and neuroforaminal stenosis. EMG/NCV study of upper extremities dated 01/09/2013 was unremarkable. Treatment to date has included IM Toradol and B12 mixed with Marcaine (01/10/2014 based on UR dated 02/26/2014), NSAIDs, rest, and ice/heat application. Of note, there was no documentation of functional outcome with intramuscular Toradol and B12 injections. Utilization review dated 02/26/2014 denied the request for intramuscular injection of Toradol/Marcaine and intramuscular injection of Vitamin B12 complex/Marcaine. The rationale behind the decisions was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intramuscular Injection of Toradol/Marcaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketorolac (Toradol)

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, Ketorolac (Toradol, generic available) 10 mg is not indicated for minor or chronic painful conditions. According to ODG Pain Chapter, Ketorolac [Boxed Warning] may be used as an alternative to opioid therapy when administered intramuscularly. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. In this case, the medical records submitted for review were from 02/04/2013 to 03/18/2013. The patient's current clinical and functional status is unknown. Therefore, the request for intramuscular injection of Toradol/Marcaine is not medically necessary.

**Intramuscular Injection of Vitamin B12 Complex/Marcaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Pain Chapter, was used instead. ODG states that Vitamin B is not recommended. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. In this case, the medical records submitted for review were from 02/04/2013 to 03/18/2013. The patient's current clinical and functional status is unknown. Therefore, the request for intramuscular injection of Vitamin B12 Complex/Marcaine is not medically necessary.