

<b>Case Number:</b>	CM14-0035554		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 neck pain, shoulder pain, wrist pain, and posttraumatic headaches reportedly associated with an industrial injury of December 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder surgery; carpal tunnel release surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for Toradol-vitamin B12 complex intramuscular injection. The claims administrator cited non-MTUS ODG Guidelines exclusively in its denial. The applicant's attorney subsequently appealed. On August 9, 2013, the applicant was described as reporting persistent complaints of neck pain status post earlier facet joint blocks. In a progress note of February 6, 2014, the applicant presented with multifocal neck, shoulder, and bilateral wrist pain with derivative complaints of sleep disturbance and psychological stress. The applicant was not working, it was acknowledged. Left carpal tunnel release surgery was sought. The applicant was apparently given a Toradol injection for pain control along with a vitamin B12 injection. The attending provider again placed the applicant off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TORADOL AND B-12 COMPLEX INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Ketorola, page 72 and on the Non-MTUS.

**Decision rationale:** 1. No, the proposed Toradol and vitamin B12 complex injections were not medically necessary, medically appropriate, or indicated here. As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, oral ketorolac or Toradol was not indicated for minor or chronic painful conditions. By implication, then, injectable Toradol was likewise not indicated for minor or chronic painful conditions. In this case, there was no mention of the applicant having sustained any acute flare of pain which would have compelled provision of injectable Toradol. Rather, it appeared that the attending provider was, in fact, providing injectable ketorolac for the treatment of the applicant's chronic pain syndrome. As further noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, injectable ketorolac is described as a useful alternative to a single moderate dose of opioids for the managements of applicants presenting to the emergency department with severe musculoskeletal back pain. In this case, conversely, the applicant did not present to the emergency department for an acute flare of back pain. Rather, the applicant presented to her primary treating provider, in the clinic setting, for a routine followup visit for chronic back pain. Injectable Toradol was not indicated in the treatment of the same. Therefore, the requested Toradol injection was not medically necessary. 1b. Similarly, the vitamin B12 complex injection was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of vitamins. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, vitamins are "not recommended" in the treatment of chronic pain in the absence of documented nutritional deficiencies or nutritional deficit states. In this case, there was no clear evidence or description of any nutritive deficits or evidence that the applicant had serologically proven vitamin B12 deficiency, which would have support provision of the same. Therefore, the vitamin B12 complex injection portion of the request was likewise not medically necessary.