

Case Number:	CM14-0044534		
Date Assigned:	07/02/2014	Date of Injury:	01/20/1975
Decision Date:	12/10/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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:

There were 41 pages provided for this review. The independent medical review application was submitted on April 11, 2014. It involved the injections of Toradol mixed with Marcaine, as well as of vitamin B12 complex. As of September 3, 2013, the claimant complained of persistent pain in the neck that radiated to the upper extremities with numbness and tingling. The claimant had low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. Chiropractic care had been somewhat helpful. The symptoms in the left shoulder were unchanged. Examination of the cervical spine showed tenderness at the paravertebral muscles and upper trapezius muscles, with spasm. Axial loading compression tests and Spurling's maneuver were positive. There was painful and restricted cervical range of motion. There was dysesthesia at the C6 dermatome. There was tenderness at the left shoulder anteriorly. There was also tenderness at the lumbar paravertebral muscles. There was pain with terminal motion. There was dysesthesia at L5 and S1. The first reviewer analyzed the case as an NSAID using NSAID guides, noting that nonsteroidal anti-inflammatory medicines are recommended at the lowest dose for the shortest period possible. Toradol injection is recommended as an option to corticosteroid injection in the shoulder chapter. There is documentation of continued neck, low back and left shoulder pain. It is not clear that oral pain medicines were insufficient to alleviate the pain symptoms. Also the use of Toradol is not mentioned in the management of chronic pain. There is no mention of vitamin deficiency documented on a blood test to warrant B12 replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection of 2cc Toradol mixed with 1cc Marcaine with DOS 09/03/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary last updated 01/07/2014 / Shoulder Chapter; Mosby's Drug Consult; MD Consult Drug Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, Toradol Injections

Decision rationale: Toradol, or Ketorolac, can be injected IM, and may be used as an alternative to opioid therapy. In this case, it is not clear why an injection was used as opposed to oral pain medicine. There are complications with IM injections, and so oral medicines should most always be exhausted first, before moving on to IM injections. The request is not medically necessary and appropriate.

Intramuscular injection of Vitamin B-12 complex with DOS 09/03/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Mental Illness & Stress Procedure Summary last updated 01/13/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, Vitamin B12 Injections.

Decision rationale: The MTUS is silent on the use of this vitamin. The ODG however is not supportive, noting it is not recommended. It notes that Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Therefore, the request is not medically necessary and appropriate.