

Case Number:	CM14-0056208		
Date Assigned:	07/09/2014	Date of Injury:	01/25/2012
Decision Date:	09/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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:

This is a 38-year-old female with a 1/25/12 date of injury. The mechanism of injury occurred while exiting a patrol car and felt a sudden pain in the lower left side of the back with radiation into the left buttock and thigh. According to a progress report dated 3/7/14, the patient complained of constant severe pain in the lumbar spine radiating to the left foot. Objective findings: tenderness and spasm in the lumbar spine, straight leg raise test was positive, decreased sensation in the L5 and S1 dermatome and the ROM was decreased. The patient was advised to return to full duty with no limitation or restrictions. Diagnostic impression: lumbago. Treatment to date: medication management, activity modification, chiropractic treatment, physical therapy. A UR decision dated 3/28/14 denied the request for IM Toradol injection and IM vitamin B12 Complex. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection of Toradol(date of service 03/07/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 03/27/2014) Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: CA MTUS does not address this issue. The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. There is no documentation that this patient has failed first-line analgesic medications to support the medical necessity of intramuscular Toradol. In addition, there is no documentation that the patient has an acute exacerbation of her pain to necessitate an IM Toradol injection. Therefore, the request for Intramuscular injection of Toradol (date of service 03/07/2014) was not medically necessary.

Intramuscular injection of Vitamin B-12 Complex(date of service 03/07/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 03/27/2014) Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain ChapterX Other Medical Treatment Guideline or Medical Evidence: FDA Cyanocobalamin (Vitamin B12).

Decision rationale: CA MTUS does not address this issue. ODG states that Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A specific rationale for why Vitamin B12 injection is required in this patient despite lack of guideline support was not provided. Therefore, the request for Intramuscular injection of Vitamin B-12 Complex (date of service 03/07/2014) was not medically necessary.