

<b>Case Number:</b>	CM14-0058375		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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, has a subspecialty in Pain Management 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 41 years old female with an injury date on 06/29/2009. Based on the 03/04/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical spine HNP radiculitis2. Lumbar spine HNP radiculitisAccording to this report, the patient complains of "constant severe cervical pain, with headaches and lumbar spine pain." Physical exam reveals tenderness at the cervical spine and lumbar spine. Spasm at the trapezius muscles is noted. Spurling test and straight leg raise are positive. Range of motion is decreased. There were no other significant findings noted on this report. The utilization review denied the request on 04/04/2014. The requesting provider provided treatment reports from 12/17/2013 to 04/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intramuscular injection of 2cc of Toradol mixed with 1cc of Marcaine:** 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), and on the Non-MTUS Medical Clinics of North America, Volume 91, number 1, January 2007, Nonopioid Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Other

Medical Treatment Guideline or Medical Evidence: Academic Emergency Medicine, Vol. 5, page 118-122, Intramuscular Ketorolac vs. oral Ibuprofen

**Decision rationale:** According to the 03/04/2014 report, this patient presents with constant severe cervical pain, with headaches and lumbar spine pain." The provider is requesting Intramuscular injection of 2cc of Toradol mixed with 1cc of Marcaine but the treating physician's report and request for authorization containing the request is not included in the file. The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of reports do not show discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol. 5, 118-122, "Intramuscular Ketorolac vs. oral Ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. In this case the treating physician has not documented that the current injection request is for an acute episode of pain and there is no documentation provided indicating the rationale for this injection. Recommendation is for denial.

**Intramuscular injection of vitamin B12 complex mixed with 1cc of Marcaine:** 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)

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

**Decision rationale:** According to the 03/04/2014 report, this patient presents with constant severe cervical pain, with headaches and lumbar spine pain. The provider is requesting Intramuscular injection of Vitamin B12 complex mixed with 1cc of Marcain. Regarding Vitamin B, ODG guidelines states "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear." In this case the treating physician has documented that the patient has chronic pain and the ODG does not support this request. Recommendation is for denial.