

<b>Case Number:</b>	CM14-0058412		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/02/2014
<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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 48-year-old female who reported an injury on 08/10/2012. The mechanism of injury was not provided. Her diagnoses included cervical discopathy, lumbar discopathy, and thoracic discopathy. Diagnostic studies were not provided. There was no surgical history submitted. On 04/05/2013, the AME report revealed that further medical care would be symptomatic. The injured worker would consider a home exercise program. The injured worker returned to full duty work with no restrictions. On 02/11/2014, the injured worker continued to have bilateral elbow and wrist pain with numbness and tingling. She complained of neck pain that was aggravated by repetitive motions of the neck and prolonged positioning of the neck. Upon examination, there was tenderness over the cervical paravertebral muscles and trapezius muscles with spasms. The injured worker received an intramuscular injection of 2 cc of Toradol mixed with 1 cc of Marcaine. She also received an intramuscular injection of vitamin B12 complaints. There were no complications. The treatment plan was to recommend MRI of the cervical, thoracic, and lumbar spine with IV sedation as the injured worker was extremely claustrophobic. On 02/11/2014, the injured worker was seen for orthopedic re-evaluation. The patient had persistent pain on the bottom of her elbows and wrists with numbness and tingling. The patient's neck was aggravated by repetitive motions of the neck and prolonged positioning of the neck, pushing, pulling, lifting forward, forward reaching, and working at or above shoulder level. A urine drug sample was obtained. The request is for intramuscular injection of 2 cc Toradol mixed with 1 cc of Marcaine and intramuscular injection of vitamin B-12. The request for authorization and rationale were not provided within the documentation submitted for review.

### 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 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) ODG - TWC Pain Procedure Summary ; Ketorolac (Toradol).

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

**Decision rationale:** The injured worker has a history of hand and wrist pain. The Official Disability Guidelines state that Ketorolac, when administered intramuscularly may be used as an alternate tool or therapy. Ketorolac (Toradol, generic available) in oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. There is lack of documentation that oral pain medications were insufficient to alleviate the pain. As such, the request for intramuscular injection of 2cc Toradol mixed with 1cc of Marcaine is not medically necessary and appropriate.

**Intramuscular injection of vitamin B-12 complex: 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) ODG - TWC Pain Procedure Summary ; last updated 03/18/2014; Vitamin B.

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

**Decision rationale:** The injured worker has a history of neck, bilateral elbow, and wrist pain with numbness and tingling. The Official Disability Guidelines note that vitamin B is not recommended. Vitamin B is to be only used for treating peripheral neuropathy but its effectiveness is not clear. Vitamin B is not recommended. 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. There is no clear rationale for prescribing vitamin B12 injection. There is lack of documentation indicating that an oral medication was insufficient to relieve symptoms. There is lack of documentation of nutritional deficit that would require B12 complex. There is no necessity at this time. As such, the request for intramuscular injection of vitamin B-12 complex is not medically necessary and appropriate.

