

Case Number:	CM14-0059260		
Date Assigned:	07/09/2014	Date of Injury:	07/16/2010
Decision Date:	09/24/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/28/2014

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 55 year old female who sustained an industrial injury on 07/16/2010. The mechanism of injury was not provided for review. Her diagnoses include L4-5 disc herniation, left upper extremity overuse tendonopathy, and carpal tunnel syndrome. She continues to complain of low back pain. On exam, she has lumbar spasm and tenderness to palpation to the lumbar paraspinal musculature. There was a positive bilateral straight leg raise. contralateral straight leg raise was also positive with decreased range of lumbar motion. There was decreased sensation in the lateral aspect of the legs. Treatment has included medical therapy including Tramadol and topical creams. The treating provider requested intramuscular injection of 2 cc Toradol/Vitamin B 12 complex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular Injection of 2 cc Toradol Vitmain 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Vitamin B12 Injections.

Decision rationale: There is no documentation provided necessitating the use of Toradol/Vit B12 injections for pain control. Ketorolac administered intramuscularly may be used as an alternative to opioid therapy. The claimant is maintained on medical therapy with Tramadol. There is no indication for the specific use of this analgesic. B12 is not indicated for the treatment of acute or chronic pain. B12 injection therapy is medically necessary only for the treatment of pernicious anemia and to test B12 absorption. Toradol would only be indicated for the treatment of acute pain. The patient has a chronic pain syndrome. Per California MTUS Guidelines Toradol is not indicated for chronic pain. The request for Toradol/ Vit B 12 is not substantiated in the medical records. The requested medications are not medically necessary.