MAXIMUS Federal Services

Case Number:	CM14-0059748		
Date Assigned:	07/09/2014	Date of Injury:	08/14/2013
Decision Date:	10/01/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/30/2014

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 Family 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 56-year-old male with an 8/14/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 1/14/14, the patient had continued symptomatology in the cervical spine with chronic headaches, tension between the shoulder blades, and migraines. He was waiting surgical authorization. He also had some residual low back pain. Objective findings: paravertebral muscle spasm, tenderness to palpation of the mid to distal lumbar segments and palpable muscle spasms, painful lumbar spine ROM, dysesthesia in the L4-L5 and L5-S1 dermatomal pattern, tenderness in anterior joint line space of knee. Diagnostic impression: cervical discopathy, lumbar discopathy, internal derangement left knee, compensable pain right knee. Treatment to date: medication management, activity modification. A UR decision dated 3/27/14 denied the requests for intramuscular injection of Toradol mixed with Marcaine and intramuscular injection of Vitamin B-12 Complex. Regarding Toradol injection, there is no documentation that current medication regimen is insufficient to alleviate pain that would require parenteral dose of medication. Regarding Vitamin B-12 Complex injections, there is no clear rationale for prescribing this injection. There is no evidence of nutritional deficits that would require supplementation. It is not indicated that oral medications are insufficient to alleviate symptoms.

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 Marcain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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 his pain to necessitate an IM Toradol injection. Furthermore, there is no documentation that the patient is unable to tolerate oral medications. Therefore, the request for intramuscular injection of 2cc Toradol mixed with 1cc Marcaine was not medically necessary.

Intramuscular Injection of Vitamin B-12 Complex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter and 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. There is no documentation that the patient cannot tolerate oral medications to necessitate the need for an injection. A specific rationale identifying why this medication is required in this patient despite lack of guideline support was not provided. Therefore, the request for intramuscular injection of Vitamin B-12 Complex was not medically necessary.