MAXIMUS Federal Services

Case Number:	CM14-0083735		
Date Assigned:	07/21/2014	Date of Injury:	10/24/2004
Decision Date:	10/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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:

There were 743 pages provided for this review. There was an application for independent medical review for injections of intramuscular Toradol and B-12. It was signed on June 5, 2014. There was a non certification recommendation from May 8, 2014. The patient had constant severe back pain with radiation of symptoms. There was tenderness and spasm in the lumbar spine with positive straight leg raising test and decreased sensation at L4-L5-S1. There was also limited range of motion. The provider recommended lumbar epidural steroid injections, a TENS unit, heating pad, IM Toradol and B-12 injections and medicines. There is tenderness and spasm in the lumbar spine with positive straight leg raising test and decreased sensation at L5-S1. There was also limited range of motion. Copies of EKG tracings were provided and extensive other records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol Intramuscular (IM) Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary: Toradol; Min, 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Toradol injections

Decision rationale: Per the Physician Desk Reference, Toradol, or Ketorolac, can be injected IM, and may be used as an alternative to opioid therapy. It is very commonly used for acute flares of pain in doctor's offices, and ER settings. On review, this single injection was reasonable and certifiable for acute pain relief. Therefore, the request for Toradol Intramuscular (IM) Injection is medically necessary and appropriate.

B-12 Intramuscular (IM) Injection: 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) Pain Procedure Summary (last updated 04/10/2014): Vitamin B; Ang-Cochrane, 2008

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Vitamin B12 injections

Decision rationale: The MTUS is silent on the use of this vitamin. The ODG however is not supportive, noting it is not recommended. It notes that 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. Therefore, the request for B-12 Intramuscular (IM) Injection is not medically necessary and appropriate.