

<b>Case Number:</b>	CM14-0105687		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial injury on 5/14/13. He has reported pain in the lower back and bilateral knees. The diagnoses have included lumbago, joint pain, right knee meniscus tear and degenerative joint disease. Treatment to date has included MRI of the spine and oral medications. As of the PR2 dated 9/16/13, the injured worker reported low back pain that radiated to the right lower extremity with numbness and tingling. The treating physician performed an intramuscular injection 2cc of Toradol mixed with 1 cc Marcaine and an intramuscular injection of vitamin B-12 complex. The progress note from 2/24/14, indicated that the injured worker had tried and failed a lumbar epidural block and was still having pain in knees and lower back. There was no mention of results of the previous intramuscular injections. On 6/10/14 Utilization Review non-certified a request for an intramuscular injection 2cc of Toradol mixed with 1 cc Marcaine and an intramuscular injection of vitamin B-12 complex. The utilization review physician cited the ODG guidelines. On 7/8/14, the injured worker submitted an application for IMR for review of an intramuscular injection 2cc of Toradol mixed with 1 cc Marcaine and an intramuscular injection of vitamin B-12 complex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Intramuscular injection 2cc of Toradol mixed with 1cc Marcaine (DOS: 09/16/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary - Ketorolac, Nonselective NSAIDs; Medical Clinics of North America - Volume 91, Number 1, January 2007. Nonopioid analgesics. Munir MA, Enany N, Zhang JM

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: The 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. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain (transition from IV or IM) for adults < 65 years of age: 20mg PO followed by 10mg PO every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose. In this instance, an intramuscular dose of Toradol was given on 9-16-2013. The guidelines state that this medication is not for chronic pain. The documentation from that day does not indicate a flare in pain. The subjective portion of the note from that day indicates that the injured worker was complaining of persistent low back and knee pain. Therefore, RETRO: Intramuscular injection 2cc of Toradol mixed with 1cc Marcaine (DOS: 09/16/13) was not medically necessary.

**RETRO: Intramuscular injection of vitamin B-12 Complex (DOS: 09/16/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 05/15/2014: Vitamin B

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** B vitamins are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. There are multiple B vitamins with specific symptoms due to deficiency: (1) vitamin B1 (thiamine) - beriberi; (2) vitamin B2 (riboflavin); (3) vitamin B3 (niacin or nicotinic acid) - pellegra; (4) vitamin B5 (pantothenic acid); (5) vitamin B6 (pyridoxine); (6) vitamin B7 (biotin); (7) vitamin B9 (folic acid) - megaloblastic anemia; (8) vitamin B12 (various cobalamins) - pernicious anemia, myelopathy, neuropathy, dementia, subacute combined degeneration of the spine, and decreased cognition. Treatment of vitamin B12 deficiency is generally parenteral. Vitamin B Complex contains the above 8 vitamins plus para-aminobenzoic acid, inositol, and choline. It 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 (diabetic and alcoholic). Evidence was insufficient to determine whether specific B vitamins or B complex for these conditions was beneficial or harmful. The clinical documentation in this case does not mention a specific Vitamin B12 deficiency. Therefore, Intramuscular injection of vitamin B-12 Complex (DOS: 09/16/13) was not medically necessary.