

<b>Case Number:</b>	CM14-0123153		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee, neck, low back pain reportedly associated with an industrial injury of November 28, 2007. In a Utilization Review Report dated August 4, 2014, the claims administrator retrospectively denied Toradol and vitamin B12 injections reportedly administered on May 27, 2014. The applicant's attorney subsequently appealed. In a progress note dated May 27, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain. The applicant was apparently given Toradol and vitamin B12 injections. Unspecified medications were renewed. Lumbar MRI imaging was endorsed. The applicant was returned to regular duty work (on paper).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TORADOL 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available): Page(s): 72.

**Decision rationale:** 1. No, the Toradol injection performed on May 27, 2014 was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, intramuscular ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, there was no mention of the applicant's experiencing any significant flare in low back pain on or around the date the injection in question was performed, May 27, 2014. Therefore, the request was not medically necessary.

**B12 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd ed. Vitamins is Not Recommended for Chronic Chronic Pain (Insufficient Evidence (I)) Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent.

**Decision rationale:** 2. Similarly, the vitamin B12 injection was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines notes that vitamins are not recommended in the treatment of chronic pain absent some documented nutritional deficit or nutritional deficit state. Here, however, there was/is no mention of the applicant's having any evidence of a clinically evident, serologically confirmed vitamin B12 deficiency. No rationale for the vitamin B12 injection was furnished in the handwritten May 27, 2014 progress note at issue. Therefore, the request was not medically necessary.