

<b>Case Number:</b>	CM14-0160265		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, California

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 38-year-old female who sustained an industrial injury on 11-24-2012. Diagnoses include morbid obesity, post-surgical lumbar discopathy, and lumbar disc annular tear. Treatment to date has included diagnostic studies, medications, status post lumbar surgery, aqua therapy, acupuncture and chiropractic sessions. A Magnetic Resonance Imaging of the lumbar spine done on 03-17-2015 revealed moderate facet arthrosis at L5-S1 causing moderate bilateral neural foraminal stenosis. Stable changes of right microhemilaminotomy, and near complete resolution of large fluid collection or pseudomeningocele extending from the laminectomy site, and L2-L3 and L4-L5 stable minimal disc bulges with central annular fissures. Her medications include Hydrocodone, Diflucan, and Ortho Diet. A physician progress note dated 07-24-2014 documents the injured worker complains of severe pain in her low back that radiates to her lower extremities, with a burning pain, numbness and pins and needles sensation in her lower extremities. She is having difficulty with walking. She has mild tenderness bilaterally in the trapezii and the midline base of the cervical spine is tender. She has tenderness in the lumbar paraspinal muscles bilaterally. Lumbar spine range of motion is restricted and painful. Sensation testing with a pinwheel is slightly abnormal. She received two injections with this visit for symptomatic relief. The treatment plan includes continuation of therapy, and prescriptions for Gabapentin, Flexeril, and Norco were given to the injured worker. Treatment requested is for Retrospective intramuscular injection of 2cc B12 Complex and 1cc B12 Cyanocobalamin, and Retrospective intramuscular injection consisted of 2cc Toradol. The medication list includes Gabapentin, Flexeril, Meloxicam and Norco. The patient's surgical

history includes two back surgeries. The patient had received an unspecified number of PT visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective intramuscular injection of 2cc B12 Complex and 1cc B12 Cyanocobalamin: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Thompson micromedex, FDA labeled indication for vitamin B12.

**Decision rationale:** ACOEM, CA MTUS and ODG do not address this request. Per the Thompson micromedex, FDA labeled indication for vitamin B12 includes "Cobalamin deficiency, Cobalamin deficiency; Prophylaxis, Malabsorption of cyanocobalamin; Diagnosis - Schilling test, Pernicious anemia". Any indication listed above that would require vitamin B12 is not specified in the records provided. Any lab test report documenting low vitamin B12 levels is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The rationale for giving Vitamin B-12 by intramuscular route was not specified in the records provided. A recent detailed physical examination was not specified in the records provided. The request of Retrospective intramuscular injection of 2cc B12 Complex and 1cc B12 Cyanocobalamin is not medically necessary or fully established in this patient.

#### **Retrospective intramuscular injection consisted of 2cc Toradol: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Ketorolac (Toradol).

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

**Decision rationale:** Retrospective intramuscular injection consisted of 2cc Toradol. According to MTUS guidelines regarding toradol (ketorolac)." This medication is not indicated for minor or chronic painful conditions". Per the records provided patient had chronic low back pain. Cited guidelines do not recommended toradol for chronic painful conditions. In addition, any intolerance to oral medication is not specified in the records provided. Any evidence of acute exacerbation of pain was not specified in the records provided. The request of the Retrospective intramuscular injection of 2cc Toradol is not medically necessary or fully established in this patient.

