

Case Number:	CM14-0161511		
Date Assigned:	10/06/2014	Date of Injury:	10/13/2010
Decision Date:	01/22/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old male with a 10/13/10 date of injury. According to a handwritten and largely illegible progress note dated 7/30/14, the patient had a lumbar ESI on 4/18/14 with improvement of radicular symptoms for about 3 weeks. He reported low back pain radiating to the feet, L>R, with numbness and tingling. He reported improvement in the right shoulder after surgery. Objective findings: tender lumbar paraspinals; tender SA, AC of right shoulder; right shoulder crepitus. Diagnostic impression: lumbar spine sprain/strain with lower extremity radiculopathy, cervical spine sprain/strain. Treatment to date: medication management, activity modification. A UR decision dated 9/12/14 denied the request for Toradol/B12 injection. The guidelines do not recommend the use of vitamin B for pain management. The 7/7/14 progress report does not provide a rationale or medical justification that meets the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol/B12 Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 72 OF 127. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain Chapter - Ketorolac; Cyanocobalamin Other Medical Treatment
Guideline or Medical Evidence: FDA (Cyanocobalamin - Vitamin B12)

Decision rationale: 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. CA MTUS does not specifically address the issue of Vitamin B12. ODG states that Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. However, in the present case, a specific rationale for Vitamin B12 injection was not identified. There is no documentation that this patient has failed first-line analgesic medications to support the medical necessity of a Toradol injection. In addition, there is no documentation that the patient has had an acute exacerbation of his pain. Furthermore, there is no documentation that the patient is unable to tolerate oral medications. Therefore, the request for Toradol/B12 Injection was not medically necessary.