

Case Number:	CM14-0190944		
Date Assigned:	11/24/2014	Date of Injury:	09/07/2013
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 and is licensed to practice in Georgia. 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:

The patient is a 43-year-old male who presented with a work-related injury on September 2, 2013. On October 16, 2014 the patient complained of low back pain which was indicated as constant and pain that radiated down the bilateral lower extremities with the left greater than the right. The patient's medications included Oxycodone 10/325 mg and Gabapentin 300 mg. MRI of the lumbar spine on September 19, 2013 revealed mild to moderate degenerative changes of the lumbar spine from L3 - L4 to L5 - S1 level, more conspicuous at the L3 - L4 which is described in detail, level bilateral; moderate central canal stenosis noted that the L3 - L4 due to 4 mm disc protrusion and bilateral mild neuroforaminal narrowing was noted at this level; 2.5 mm broad based posterior disc protrusion was noted at the L4 - L5 level which was causing minimal central canal stenosis and bilateral foraminal narrowing; settlement foraminal narrowing noted that the L5 - S1 level more on the right than the left; likely due to degenerative facet disease. The patient tried medication management, chiropractic therapy, epidural steroid injection, and Toradol B12 injections. The patient was diagnosed with degeneration of the lumbar intervertebral disc. A claim was made for a retrospective request for Toradol/B12 injection 60mg with B12 1000mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Toradol/B12 injection 60mg w/B12 1000mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, (Web), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Retrospective request for Toradol/B12 60mg w/B12 1000mcg injection is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document that the claimant had moderate to severe pain requiring treatment with a Toradol injection. In fact, the claimant's pain is chronic remained unchanged since the previous office visit. The medication is therefore, not medically necessary.