

Case Number:	CM14-0200243		
Date Assigned:	12/10/2014	Date of Injury:	03/20/2013
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 patient with a date of injury of March 20, 2013. A utilization review determination dated November 18, 2014 recommends noncertification of an intramuscular injection of Toradol and B12. A progress report dated May 1, 2014 identifies subjective complaints of pain in the low back and left leg. The patient also has numbness and pins and needles sensation in the left leg. She is not attending any therapy and is not working. She is currently taking zolpidem 10 mg. Objective examination findings reveal antalgic gait with tenderness to palpation in the lumbar spine. There is also a muscle spasm and restricted range of motion in the lumbar spine. Diagnoses include left-sided radiculopathy and severe L5-S1 disc herniation. The treatment plan recommends to intramuscular injections, the 1st with vitamin B12 and the 2nd with Toradol. The note states that they are for "symptomatic relief." The treatment plan recommends acupuncture and electrodiagnostic studies. California MTUS guidelines are cited as well as ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular Injections of Toradol and B12 Complex (DOS 10-24-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Principle of Treatment - Medications Dosing for Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: Regarding the request for Intramuscular Injections of Toradol and B12 Complex (DOS 10-24-14), Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is no documentation of severe or acute pain. Additionally, guidelines note it is not indicated for chronic painful conditions, and there is no documentation of a recent flare up with new or worsened objective findings. Regarding the request for vitamin B12 intramuscular injection, California MTUS guidelines do not contain criteria for the use of B12. ODG states that vitamin B is not recommended. They go on to state that when comparing vitamin B with placebo, there is no significant short-term benefit in pain intensity. As such, the currently requested Intramuscular Injections of Toradol and B12 Complex (DOS 10-24-14) is not medically necessary.