

Case Number:	CM14-0075125		
Date Assigned:	07/16/2014	Date of Injury:	11/14/2012
Decision Date:	04/24/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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: Arizona, 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 51 year old female, who sustained an industrial injury on 11/14/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having cervicalgia and lumbago. Treatment to date has included conservative measures, including medications. On 4/04/2014, the injured worker complained of constant cervical pain and lumbar pain. The PR2 report was handwritten and partially illegible. Objective findings included tenderness of the cervical spine, trapezius, and lumbar spine. Spurling's and straight leg raise tests were positive. Decreased range of motion was noted but unspecified. Current medications were not noted. The treatment plan included an ergonomic work station, intramuscular injections of Toradol and B12, referral for cervical and lumbar epidurals, and acupuncture. Medication requests included Naproxen, Cyclobenzaprine, Ondansetron, Omeprazole, Tramadol, and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular Toradol injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain procedure Summary last updated 1/7/2014; Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Tramadol Page(s): 67, 72.

Decision rationale: Toradol is an NSAID. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There was no indication for an intramuscular injection of Toradol. In addition, Toradol is not indicated for chronic pain conditions. The claimant had already been taking oral opioids and NSAIDs. The request for the Toradol injection is not medically necessary.

Intramuscular B12 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 ODG-TWC Mental Illness & Stress Procedure Summary last updated 1/13/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines, Vitamin B and pg 141.

Decision rationale: According to the guidelines, Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. In this case, there was no mention of Vitamin deficiency or anemia. Furthermore, the claimant had been on oral opioids and muscle relaxants. The pain scores were not routinely noted. In addition, Toradol is not indicated for chronic pain conditions. The request for the B12 injection is not medically necessary.