

Case Number:	CM14-0098142		
Date Assigned:	07/28/2014	Date of Injury:	05/16/2009
Decision Date:	02/25/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 52 year old Female who had industrial injury on 5/16/09. She had obtained acupuncture, and medications. Examination on 5/16/14 has a physician state the injured worker is complaining of pain with her medications helping decrease her symptoms. She is not working. Treatment plan included a request for an authorization for a toradol and vitamin B12 shot, not to exceed 4 per year, for acute exacerbations since she has had them in the past. On 6/16/14 a non certification was made for the Toradol and Vit. B12 intramuscular injection. The rationale for the denial was due to not being indicated by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular Injection of Toradol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Toradol Official FDA Information (<http://www.drugs.com/mtm/toradol-im.html>)

Decision rationale: Regarding the request for Ketolorac (Toradol), 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 documentation of severe pain. However, 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. As such, the currently requested Ketorolac injection is not medically necessary.

Intramuscular injection of Vitamin B12 complex injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B

Decision rationale: Regarding the request for "vitamin B12 complex 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 current request for "vitamin B12 complex intramuscular injection" is not medically necessary.