

Case Number:	CM15-0011848		
Date Assigned:	01/29/2015	Date of Injury:	02/16/2012
Decision Date:	04/07/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/20/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52-year-old female, who sustained an industrial injury on 2/18/12. She has reported pain in the neck and shoulders. The diagnoses have included cervicgia and shoulder pain. Treatment to date has included epidural injections, physical therapy, MRI's, TENs and oral medications. As of the PR2 dated 11/3/14, the injured worker reports ongoing right sided neck and right upper extremity pain that has increased over the past six months. She is awaiting authorization for surgery. The treating physician gave the injured worker an intramuscular injection of B12 1000 mcg. The treating physician requested a Toradol B12 injection given on 11/3/14. On 2/15/14 Utilization Review non-certified a request for a Toradol B12 injection given on 11/3/14. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 1/7/15, the injured worker submitted an application for IMR for review of a Toradol B12 injection given on 11/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol B12 Injection DOS: 11/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 99. Decision based on Non-MTUS Citation Physician Desk Reference.

Decision rationale: Toradol B12 Injection DOS: 11/3/14 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. Additionally, the physician desk reference states that B12 is indicated in patients with B12 deficiency particularly those with gastrointestinal absorption disease or gastric bypass. The medical records do no document that the claimant had moderate to severe pain requiring treatment with a Toradol injection. There is also lack of documentation of gastrointestinal absorption disease. In fact, the claimant's pain is chronic remained unchanged since the previous office visit. The medication is therefore, not medically necessary.