

Case Number:	CM15-0143939		
Date Assigned:	09/01/2015	Date of Injury:	09/22/2006
Decision Date:	09/30/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 42 year old female, who sustained an industrial injury on 9-22-2006. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include lumbar disc displacement, lumbar facet arthropathy, radiculopathy and deconditioning. Treatments to date include activity modification, medication therapy, physical therapy, trigger point injections and epidural steroid injections. Currently, she complained of neck pain with radiation down bilateral upper extremities and low back pain with radiation down bilateral lower extremities. Pain was rated 7-8 out of 10 VAS with medications, rated 9-10 out of 10 VAS without medications, and reported as increased since last visit. On 6-2-15, the physical examination documented cervical tenderness with limited range of motion. The lumbar region was tender with limited range of motion and decreased sensation to bilateral lower extremities. The plan of care included a Toradol B12 injection 1000mcg intramuscular right gluteal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol B12 injection 1000mcg IM in right gluteal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic): B vitamins & vitamin B complex. (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-B vitamins & vitamin B complex.

Decision rationale: 1 Toradol B12 injection 1000mcg IM in right gluteal is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that this medication is not indicated for minor or chronic painful conditions. The ODG states that B vitamins and vitamin B complex are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. There is no documentation of B12 deficiency on objective laboratory studies. The patient is being treated regularly for chronic pain for which Toradol is not medicated and additionally, prior Toradol/B12 injections have not resulted in evidence of increased function. The request for a Toradol B12 injection is not medically necessary.