

Case Number:	CM15-0020406		
Date Assigned:	02/10/2015	Date of Injury:	07/17/2010
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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 51 year old female, who sustained a work/ industrial injury on 7/17/10. Mechanism of injury was not listed. She has reported symptoms of constant neck pain radiating into the upper extremities, mid back, and radiating pain to the lower extremities with numbness and tingling with pain at 10/10 without medication and 7/10 with medication. Prior medical history was not documented. The diagnoses have included cervical radiculopathy, thoracic sprain/strain, and lumbar spine radiculopathy. Treatments to date included topical and oral medication as well as injection, home exercise program. Per the physician's progress report of 12/17/14, the IW was having a flare up of symptoms of neck and mid back pain with radiation to upper and lower extremities with numbness and tingling. The treatment plan was prescription for Gabapentin, Xanax, Norco, and injected with Toradol and Vitamin B12 intramuscularly into the gluteus muscle for pain management. On 1/26/15, Utilization Review non-certified Toradol/B-12 injection, gluteus muscle for Chronic Cervical and Lumbar pain, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol/B-12 injection, gluteus muscle for Chronic Cervical and Lumbar pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Vitamin B

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available): Page(s): 72. Decision based on Non-MTUS Citation ODG- Pain (Chronic) -Ketorolac (Toradol)

Decision rationale: Toradol/B-12 injection, gluteus muscle for Chronic Cervical and Lumbar pain is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that Toradol is not indicated for minor or chronic painful conditions. The ODG states that Toradol, when administered intramuscularly, may be used as an alternative to opioid therapy. The ODG states that B vitamins are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. The documentation does not indicate a nutritional deficiency that would necessitate this injection. Furthermore, the guidelines do not support Toradol for chronic pain and the request specifically states that this injection is for the patient's chronic cervical and lumbar pain. The request for Toradol/B-12 injection, gluteus muscle for chronic cervical and lumbar pain is therefore not medically necessary.