

Case Number:	CM15-0026214		
Date Assigned:	02/18/2015	Date of Injury:	04/20/2012
Decision Date:	03/27/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on 4/20/12. On 2/11/15, the injured worker submitted an application for IMR for review of 6 Toradol, and B12. The treating provider has reported the injured worker complained of chronic right knee complaints in for medication refills. The diagnoses have included pain in joint lower leg, neuralgia, neuritis and radiculitis NOS, depressive disorder NOS, pain in joint multiple sites, generalized anxiety disorder, sleep disorder. Treatment to date has included x-rays, injections, stress echocardiogram/treadmill test, medication. On 2/5/15 Utilization Review non-certified 6 Toradol, and B12. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Toradol+B12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-26, Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

Decision rationale: MTUS Guidelines have specific standards of evaluation to justify a diagnosis and treatment. These standards have not been met with the request for B12 injections. MTUS Guidelines have the specific statement that Toradol is not recommended for use in the treatment of chronic pain. There are no unusual circumstances to justify an exception to Guidelines. The 6 Toradol plus B12 injections are not medically necessary.