

Case Number:	CM14-0115265		
Date Assigned:	09/24/2014	Date of Injury:	08/21/2012
Decision Date:	12/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a year-old female who was injured on August 21, 2012. The patient continued to experience pain in her left knee. Physical examination was notable for tenderness of the joint line of the left knee, crepitus with painful range of motion and normal muscle strength. Diagnoses included internal derangement of knee and derangement of ankle. Treatment included home exercise program, steroid injections, and medications. Requests for authorization for injection of Toradol and injection of B12 complex were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inter muscular injection of toradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68, 72.

Decision rationale: Toradol is a non-steroidal anti-inflammatory drug (NSAID). This medication is not indicated for minor or chronic painful conditions. Adverse effects for GI toxicity and renal function have been reported. The FDA boxed warning would relegate this drug

to second-line use unless there were no safer alternatives. The request is not medically necessary and appropriate.

Inter muscular injection B12 complex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, mental illness & stress

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

Decision rationale: Vitamin B is not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. The request is not medically necessary and appropriate.