

Case Number:	CM14-0124965		
Date Assigned:	08/11/2014	Date of Injury:	05/15/2005
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/07/2014

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 Internal Medicine and is licensed to practice in California. 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 41 year old female who was injured when she was lifting a heavy bag while working as a flight attendant. Prior treatment history has included physical therapy. The patient underwent fusion, lumbar laminectomy and discectomy. Prior medication history included Zanaflex, oxycodone, Lyrica, MS-Contin, Ambien, and Senakot. A progress report dated 06/24/2014 mentions the patient to have complaints of diffuse thoracic back pain, low back and right lower extremity pain and bilateral knee pain. The injections provided the patient with additional relief. The patient is diagnosed with thoracic spine pain, chronic pain syndrome, drug dependence, and lumbago. The patient was recommended B12 Toradol. Prior utilization review dated 08/04/2014 states the request for B12 Toradol IM Injection is denied as there is no indication warranting the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

B12 Toradol IM Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - NSAIDs, Toradol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non steroidal anti-inflammatory drugs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac (Toradol®)

Decision rationale: The guidelines state that Vitamin B12 injections are not recommended for chronic pain. The documents did not identify the patient as having Vitamin B12 deficiency which would justify the use of B12 injections. The notes did not justify the use of Vitamin B12 outside of current guideline recommendations. Regarding Toradol, it is unclear why an injection of NSAIDs is necessary as opposed to oral medications. Generally systemic pain injections are used for inpatients and are not recommended in the treatment of chronic pain control in the outpatient setting. The frequency and quantity of injections was also not included in the request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.