

<b>Case Number:</b>	CM14-0125380		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 53-year-old female with a date of injury of 03/11/2011. The listed diagnosis per [REDACTED] is brachial neuritis. According to progress report 03/10/2014, the patient presents with constant neck pain with stiffness. Examination revealed tenderness at the lumbar spine with spasm. Decreased range of motion is noted. There was no neurological deficit noted. X-ray of the cervical spine revealed mild to moderate spondylosis, C5-C6 level. Under treatment plan, the treater recommends physical therapy, IM injection with Toradol, B12 complex injection, and continuation of medication. The utilization review denied the request on 07/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IM Injection of 80cc Depo-Medrol with 1cc Marcaine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/depo-medrol-injection.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Toradol i.m. vs. oral Ibuprofen for pain

**Decision rationale:** This patient presents with persistent neck pain. The provider is requesting a Toradol intramuscular injection with Marcaine. The MTUS Guidelines page 70 under NSAIDs, specific drug list and adverse effects states, recommended with cautions below: Disease-state warnings for all NSAIDs, all NSAIDs have US boxed warnings for associated risk of adverse cardiovascular events including MI, stroke, and new onset or worsening of pre-existing hypertension. Boxed warning for Ketorolac 10 mg states that medication is not indicated for minor or chronic painful conditions. Furthermore, the Academic Emergency Medicine volume V page 118 to 122 states intramuscular Ketorolac versus oral ibuprofen in emergency room department patients with acute pain. Study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The requested Toradol injection is not medically necessary.

**IM Injection of Vitamin B12 complex with 1cc Marcaine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 06/10/2014 (Vitamin B)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Vitamin B-12 Therapy

**Decision rationale:** This patient presents with persistent neck pain. The provider is requesting a vitamin B12 complex injection with Marcaine. The ACOEM, MTUS ODG guidelines do not discuss Vitamin injections. AETNA guidelines discuss Vitamin B-12 therapy for medical conditions and consider it for Anemia, GI disorders, Neuropathy due to malnutrition/alcoholism/pernicious anemia/posterolateral sclerosis. Aetna considers Vitamin B-12 injections experimental and investigational for all other indications. Based on current evidence it does not appear that Vitamin B12 injections are supported for chronic pain. Recommendation is for denial.