

<b>Case Number:</b>	CM14-0164022		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 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 51-year-old female who was injured on August 18, 1999. The patient continued to experience left-sided neck and left arm pain. Physical examination was notable for spasm and tightness in the paraspinal musculature, no gross motor weakness of the lower extremities, positive straight leg raise, and mild sciatic notch stretch bilaterally. Diagnoses included cervical discopathy/stenosis, bilateral upper extremity overuse tendinitis, cervical radiculitis, and lumbosacral spine lumbago. Treatment included medications and exercise. Requests for authorization for intramuscular injection of toradol and intramuscular injection of B12 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTRAMUSCULAR INJECTION OF 2 CC TORADOL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**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. There is no documentation of failed treatment with safer alternatives. The request for Intramuscular Injection of 2 CC Toradol is not medically necessary.

**INTRAMUSCULAR INJECTION OF 2 CC VITAMIN B12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**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. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity. The request for Intramuscular Injection of 2 CC Vitamin B12 is not medically necessary.