

Case Number:	CM14-0174270		
Date Assigned:	10/24/2014	Date of Injury:	02/15/2008
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 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:

This 36 year-old patient sustained an injury on 2/15/08 from grabbing a 50 pound filter while employed by [REDACTED]. Request(s) under consideration include Retro - Toradol 60mg with B12 1,000 mcg injection performed in office. Diagnoses include lumbosacral intervertebral disc degeneration/ neuritis/ radiculitis unspecified/ radiculopathy; chronic pain; s/p disc replacement. Report of 9/29/14 from the provider noted chronic ongoing low back pain radiating down bilateral lower extremities associated with numbness to the toes; pain rated at 5/10 with medications and 8/10 without. Exam showed unchanged diffuse tenderness in bilateral L3-S1 with spasm; left piriformis notch tenderness. Medications list Percocet, Lidoderm 5% patch. Toradol 60 mg IM with B12 injection was previously given on 1/27/14 and denied on 2/12/14. The request(s) for Retro - Toradol 60mg with B12 1,000mcg injection performed in office was non-certified on 10/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro - Toradol 60mg with B2 1,000mcg injection performed in office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Vitamin B.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin B, page 865

Decision rationale: Toradol, a non-steroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Toradol has a "Boxed Warning" as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications to include Naproxen, another NSAID. Submitted report has no documented medical indication as to concurrent use for this injection along with oral NSAID Naproxen which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Toradol injection for chronic pain without demonstrated acute flare-up. ODG states under Pain Chapter, Vitamin B is not recommended. 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. Submitted reports have not demonstrated support for this Vitamin B12 injection supplement outside guidelines criteria. Submitted reports have not demonstrated functional improvement from treatment previously rendered. The Retro - Toradol 60mg with B12 1,000 mcg injection performed in office is not medically necessary and appropriate.