

Case Number:	CM14-0038190		
Date Assigned:	08/04/2014	Date of Injury:	08/19/2013
Decision Date:	03/31/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, hand, wrist, shoulder, and low back pain reportedly associated with an industrial injury of August 9, 2013. In a Utilization Review Report dated February 20, 2014, the claims administrator failed to approve Toradol-Marcaine and vitamin B12 injections apparently administered on January 13, 2014. The applicant's attorney subsequently appealed. On February 5, 2015, authorization was sought for carpal tunnel release surgery. On January 13, 2015, the applicant reported ongoing complaints of neck pain, low back pain, shoulder pain, and wrist pain. The applicant had issues with carpal tunnel syndrome. The applicant received an intramuscular Toradol injection. Carpal tunnel release surgery was proposed. The applicant was apparently returned to regular duty work, on a trial basis, it was stated on this occasion. It was not clearly stated for what purpose either the Toradol injection or the vitamin B12 injections were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection of 2cc of Toradol mixed with 1cc of Marcaine, right hand, Date of service: 1/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ketorolac & <http://www.drugs.com/pro/ketorolac-injection.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available): Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: 1. No, the Toradol injection performed on January 13, 2014 was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of injectable Toradol, page 72 the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac or Toradol is not recommended for minor or chronic painful conditions. By analogy, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, the applicant presented on January 13, 2014 reporting multifocal, ongoing, longstanding complaints of neck, low back, wrist, and shoulder pain. There was/is no mention of the applicant's having any acute flare in symptomatology on and around the date in question, January 13, 2014. Therefore, the request was not medically necessary.

Intramuscular injection of Vitamin B-12 complex, right hand, Date of service: 1/13/14:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd ed. Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. Vitamins is Not Recommended for Chronic Pain (Insufficient Evidence (I))

Decision rationale: 2. Similarly, the request for vitamin B12 injection performed on January 13, 2014 was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of vitamins. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended in the treatment of chronic pain syndromes absent documented nutritional deficiencies or other nutritional deficient states. Here, there was/is no mention of the applicant's having any established issues with vitamin B12 deficiency. It was not clearly stated why the vitamin B12 injection was performed. The attending provider did not furnish any clear, compelling, or cogent applicant-specific rationale or narrative commentary which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.