

<b>Case Number:</b>	CM14-0093651		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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. 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: California  
Certification(s)/Specialty: Emergency 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 injured worker is a 55 year old female, who sustained an industrial injury on 4/16/2013. The current diagnoses are cervicalgia and lumbago. According to the progress report dated 5/20/2014, the injured worker complains of constant cervical and lumbar spine pain. The current medication list was not available for review. Treatment to date has included medication management, MRI studies, and injections. The plan of care includes Toradol and B12 injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IM Injection of 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 Pain Procedure Summary Updated 05/15/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** The request is for an intramuscular injection of toradol, also known as ketorolac, which is a non-steroidal anti-inflammatory that is available via parenteral administration. The MTUS guidelines specifically states that ketorolac is not indicated for minor or chronic painful conditions. There is no clear physician documentation as to why ketorolac was necessary in the treatment of the injured worker. Therefore, it is not supported by the MTUS guidelines and is not medically necessary.

**IM Injection of B12 X 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary Updated 05/15/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** The request is for an intramuscular injection of vitamin B12 times 2. According to the MTUS guidelines vitamin B complex deficiency may be considered in hand and wrist complaints that are refractory to treatment, as a number of patients with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, Vitamin B complex deficiency and arthritis. When history indicates, testing for these or other comorbid conditions is recommended. The injured worker has chronic cervical and lumbar spine pain. There is no clear role for vitamin B12 injections in the management of chronic cervical and lumbar spine pain. The request as written is not supported by the MTUS, and is therefore not medically necessary.