

<b>Case Number:</b>	CM15-0016996		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 50-year-old female, with a reported date of injury of 02/18/2013. The diagnosis includes cervical spine sprain/strain. Treatments have included chiropractic treatment, an MRI of the cervical spine on 04/26/2014, an x-ray of the cervical spine on 07/17/2013, and oral medications. The progress report dated 12/01/2014 indicates that the injured worker continued to complain of intermittent left-sided pain in the head and face. She stated that chiropractic treatment had been helping her symptoms; however, she felt her condition had remained the same at that time. The physical examination of the cervical spine showed tenderness over the paracervical muscles bilaterally and over the sternocleidomastoid, trapezius, levator scapulae, and supraclavicular muscles on the left and full range of motion. The treating physician requested an intramuscular injection of Toradol 50mg and Vitamin B complex 1ml, and chiropractic treatment once a week for four weeks for the cervical spine. On 01/05/2015, Utilization Review (UR) denied the request for an intramuscular injection: Toradol 60mg and Vitamin B complex 1ml, and chiropractic once a week for four weeks for the cervical spine. The UR physician noted that there was no evidence of a complete and thorough pain examination to include a current quantified pain rating, significant objective functional deficits, and the injured worker's specific current medications. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 60mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Ketorolac Injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** According to the 11/03/2014 report, this patient complains of "residual pain in the left side of the face and posterior ear" and neck pain associated with headaches. The current request is for Toradol 60mg. The request for authorization is not provided for review. The patient's work status is to "remain off-work until 12/01/2014." The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of the provided reports does not show discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular ketorolac vs oral ibuprofen in emergency 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. In this case, the treating physician has not documented that the current injection request is for an acute episode of pain and there is no documentation provided indicating the rationale for this injection. The request IS NOT medically necessary.

**Vitamin B complex 1ml IM:** 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, Vitamin B

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter on: Vitamin B

**Decision rationale:** According to the 11/03/2014 report, this patient complains of "residual pain in the left side of the face and posterior ear" and neck pain associated with headaches. The current request is for Vitamin B complex 1ml, IM. Regarding Vitamin B, ODG guidelines states "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear." In this case, the treating physician has documented that the patient has chronic pain and the ODG does not support this request. The request IS NOT medically necessary.

**Chiropractic 1x4, cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** According to the 11/03/2014 report, this patient complains of "residual pain in the left side of the face and posterior ear" and neck pain associated with headaches. The current request is for Chiropractic 1x4 cervical. Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The MTUS guidelines further state, "A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains." Per the 11/03/2014 and 09/22/2014 reports, the treating physician indicates "to date, she has received 8 sessions of chiropractic treatment" and "her condition has remained the same at this time." The treating physician provided no documentation of functional improvement with the prior 8 sessions of chiropractic treatment. Without this information, one cannot consider additional treatments. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. The request IS NOT medically necessary.