MAXIMUS Federal Services

Case Number:	CM15-0027410		
Date Assigned:	02/19/2015	Date of Injury:	02/07/1997
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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:

This 63 year old female sustained an industrial injury on 2/7/97. She subsequently reports ongoing back pain. Diagnoses include cervical disc degeneration and lumbosacral disc degeneration. Treatments to date have included prescription pain medications, TENS therapy, injections and physical therapy. On 1/26/15, Utilization Review non-certified a request for Toradol 30 mg and Vitamin B injections. The Vitamin B injections request was denied based on ODG guidelines. The Toradol request was denied based on MTUS and literature review guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 30 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol injections Page(s): 72. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, 118-122.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for TORADOL 30MG. 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, but has stated that Toradol was administered for the patient's chronic pain syndrome. The use of Toradol for chronic pain is not in accordance with MTUS recommendations. This request IS NOT medically necessary.

Vitamin B injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for VITAMIN B INJECTIONS. The ACOEM and MTUS Guidelines do not discuss B12 injections. The ODG Guidelines under the pain chapter regarding vitamin B states, Not recommended for treatment of chronic pain. Vitamin B is frequently use for treating peripheral neuropathy, but its efficacy is not clear. ODG under the pain chapter further discusses B vitamins and vitamin B complex and states, Not recommended for treatment of chronic pain unless this is associated with documented vitamin deficiency. There is no indication that this patient has a vitamin deficiency and ODG states that Vitamin B is not recommended for chronic pain. This request IS NOT medically necessary.