

Case Number:	CM15-0073695		
Date Assigned:	04/21/2015	Date of Injury:	07/29/2000
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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 62 year old male, who sustained an industrial injury on 07/29/2000. According to a progress report dated 02/11/2015, the injured worker presented with low back pain and hip pain. Medications were helping. Diagnoses included lumbago low back pain and encounter long term prescription use not elsewhere classified. Current medications included Lyrica, Norco, B-12 and Toradol injection, Amitriptyline cream, Lasix, Orphenadrine Citrate ER, Ambien, Doxepin, Diclofenac Sodium and Viagra. Prescriptions were written for a B-12 and Toradol injection and Norco. Currently under review is the request for Norco and B-12 and Toradol Combo Injectable.

IMR ISSUES, DECISIONS AND RATIONALES

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

B-12 and Toradol Combo Injectable (3 cc IM every month) 1 cc B-12 and 2 cc Toradol 03/11/15/-04/9/15 outpatient for lumbar pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress; Criteria for use of B vitamins for depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 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 B-12 and Toradol Combo Injectable (3 cc IM every month) 1 cc B-12 and 2 cc Toradol 03/11/15/- 04/9/15 outpatient for lumbar pain is not medically necessary and appropriate.