

<b>Case Number:</b>	CM13-0037549		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/06/2005
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64 year-old female with a date of injury of 04/06/2005. The listed diagnoses per [REDACTED] are: 1) pain in lumbar spine, 2) disc degenerative disease-lumbosacral, 3) carpal tunnel syndrome. According to report dated 09/03/2013 by [REDACTED], the patient presents with bilateral hand, low back, hip, thighs, knees and feet pain. Patient describes her pain as constant and 10/10 on visual analog scale; she also states there is tingling associated with her pain. She also complains of anxiety and depression. No physical examination was noted. The patient received an IV Infusion Therapy. Operative notes dated 09/03/2013 states IV infusion therapy is for the treatment of the patient's neuropathic pain. An IV was started on the left upper extremity, which contained 2cc of Magnesium, 60mg of Toradol, 2000mcg of Vitamin B12, and 40mg of Lidocaine. Infusion was slowly injected over 30 minutes. Patient had no sequelae.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR IV INFUSION THERAPY ADMINISTERED ON 9/3/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MTUS CHRONIC PAIN TREATMENT GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AETNA CLINICAL POLICY BULLETIN: VITAMINS B-12 THERAPY

**Decision rationale:** This patient presents with bilateral hand, low back, hip, thighs, knees and feet pain. The treater is requesting IV infusion therapy administered on 09/03/2013. As the operative report indicates, the patient is being treated for neuropathic pain with an IV infusion which contains 2cc of Magnesium, 60mg of Toradol, 2000mcg of Vitamin B12, and 40mg of Lidocaine. The ACOEM, MTUS ODG guidelines do not discuss IV infusion therapy. AETNA guidelines discuss IV injections for medical conditions and considers it for Anemia, GI disorders, Neuropathy due to malnutrition/alcoholism/pernicious anemia/posterolateral sclerosis. Furthermore, AETNA considers IV infusion of lidocaine for treatment of chronic pain experimental. Based on current evidence it does not appear that either Vitamin B12 nor IV Lidocaine are supported for chronic pain/neuropathic pain. Recommendation is for denial.