

<b>Case Number:</b>	CM13-0049515		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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:

This is a male patient with a date of injury of May 25, 2010. A utilization review determination dated November 1, 2013 recommends non-certification of bilateral medial branch block and injections, IV push lidocaine, B12 and magnesium, and Toradol. A progress report dated November 18, 2013 identifies subjective complaints of 1/10 and an average pain of 3/10 at its lowest. The patient's function is good, he denies any incontinence, diarrhea, or constipation, and denies any new neurological symptoms. The patient states the pain does not interfere with daily activities. Physical examination identifies positive lumbar spine tenderness with paraspinal muscle spasm and bilateral facet loading signs. Lumbar spine has decreased range of motion. The current treatment plan recommends authorization for bilateral lumbar medial branch blocks at L2, L3, L4, and L5. Additional recommendations include continued home exercise. A note indicates that the patient underwent lumbar radiofrequency ablation with over 50% relief. The note indicates that the patient does not take any medication at the current time. A typed note dated January 10, 2014 indicates that the IV lidocaine is for neuropathic and nerve pain, the B12 and magnesium are for patients found to have deficiency with those vitamins, and the Toradol is to reduce pain and inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intravenous (IV) Push Lidocaine 10mg/ml: 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 Page(s): 112.

**Decision rationale:** Regarding request for IV infusion lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Guidelines do not support the use of IV infusion lidocaine. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain with failure of first-line agents. Additionally, guidelines do not support the IV infusion of lidocaine. As such, be currently requested IP push intravenous lidocaine is not medically necessary.

**B12 1000mg/1ml & Magnesium 500m:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B

**Decision rationale:** Regarding the request for B12 and magnesium, California MTUS guidelines do not contain criteria for the use of B12. ODG states that vitamin B is not recommended. They go on to state that when comparing vitamin B with placebo, there is no significant short-term benefit in pain intensity. Magnesium may be indicated for constipation. The documentation provided does not identify a deficiency of magnesium or a complaint of constipation. As such, the current request for B12 and magnesium is not medically necessary.

**Toradol 30mg/1ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Toradol, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Guidelines state that Toradol is not recommended for minor or chronic painful conditions. Within the documentation available for review, there is no indication that the Toradol is being prescribed for an acute or severe condition as recommended by guidelines. As such, the currently requested Toradol is not medically necessary.

**Bilateral Medial Branch Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient's pain is not affecting his function. As such, interventional procedures are generally not necessary. Additionally, the current request for 4 medial branch blocks (corresponding with 3 facet joint levels), exceeds the maximum number recommended by guidelines. As such, the currently requested lumbar medial branch blocks are not medically necessary.