

Case Number:	CM13-0066774		
Date Assigned:	01/03/2014	Date of Injury:	08/31/2007
Decision Date:	06/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/29/2013

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 and 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 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:

This 52 year-old patient sustained an injury on 8/31/07 while employed by [REDACTED]. Request(s) under consideration include Iv Push (Lidocaine/ B12/ Magnesium/ Toradol) X2 once every three weeks. Diagnoses include shoulder joint pain; lower leg joint pain; s/p cervical reconstruction and lumbar fusion. Report of 11/7/13 from the provider noted the patient with complaints of neck, bilateral shoulders, arms, legs pain radiating to right toe. Exam showed bilateral motor strength of 4/5 throughout; cervical spine tenderness with paraspinous muscle spasm; positive bilateral facet loading; tenderness of bilateral shoulders; tenderness at lumbar spine paraspinous muscles with spasm; and bilateral knee tenderness. Diagnoses include cervical and lumbar post-laminectomy syndromes; shoulder and lower leg joint pain. Treatment included medications. Request(s) for IV Push (Lidocaine/ B12/ Magnesium/ Toradol) X2 once every three weeks was non-certified on 11/19/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV PUSH (LIDOCAINE/ B12/MAGNESIUM/ TORADOL) X2 ONCE EVERY THREE WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, drugs.com, and 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 (ODG) Pain, Vitamin B, Page 865.

Decision rationale: This 52 year-old patient sustained an injury on 8/31/07 while employed by Omnitrans. Request(s) under consideration include IV Push (Lidocaine/ B12/ Magnesium/ Toradol) X2 once every three weeks. Diagnoses include shoulder joint pain; lower leg joint pain; s/p cervical reconstruction and lumbar fusion. Report of 11/7/13 from the provider noted the patient with complaints of neck, bilateral shoulders, arms, legs pain radiating to right toe. Exam showed bilateral motor strength of 4/5 throughout; cervical spine tenderness with paraspinous muscle spasm; positive bilateral facet loading; tenderness of bilateral shoulders; tenderness at lumbar spine paraspinous muscles with spasm; and bilateral knee tenderness. Diagnoses include cervical and lumbar post-laminectomy syndromes; shoulder and lower leg joint pain. Evidence based guidelines support treatment regimen upon clear documented medical necessity with demonstrated symptom complaints, clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question. Submitted reports have not identified any such illness or disease process, in this case, of emergent cardiac arrhythmias, deficiencies in magnesium or vitamin B12 or severe acute flare, new injury, or change in chronic neuropathic presentation to support for a compounded IV cocktail containing Lidocaine, B12, Magnesium, and Toradol in an individual not intolerant to oral medication equivalents. The IV Push (Lidocaine/ B12/Magnesium/ Toradol) X2 once every three weeks is not medically necessary and appropriate.