

Case Number:	CM14-0104717		
Date Assigned:	07/30/2014	Date of Injury:	03/10/1999
Decision Date:	09/12/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 43-year-old female with a reported date of injury on 03/10/1999. The injured worker was diagnosed with lumbosacral spondylosis without myelopathy and lumbago. Prior treatments included bilateral hardware injections at L5 and S1, medial branch block and intravenous push of Lidocaine, vitamin B12, Toradol and magnesium on 11/18/2013, physical therapy, left lumbar facet radiofrequency ablation at L3-4, L4-5 and L5-S1. Diagnostic studies included an x-ray of the lumbar spine and a CT of the lumbar spine performed on 11/06/2013. The procedure note dated 11/18/2013, noted the injured worker was given intravenous magnesium, lidocaine, Toradol and cyanocobalamin. The physician indicated the injured worker was seen in the office and was found to have lumbago; therefore, the injured worker was given the intravenous medications. The clinical note dated 11/18/2013, noted the injured worker was not experiencing any pain at that time; however, the pain was usually located to the lower back. The injured worker stated her level of pain was 0/10 and her average pain was 5/10. The injured worker was status post bilateral lumbar hardware injections with 90% relief. The injured worker reported 70% pain relief with the medication regimen with a 70% improvement in function and activities of daily living. Per the provided documentation the injured worker was given lidocaine as an analgesic for neuropathic and nerve pain, magnesium and B12 was given as injured workers with chronic pain syndrome were found to have deficiencies in these vitamins, and Toradol was given to reduce pain and inflammation. The clinical note dated 07/02/2014, noted the injured worker complained of pain located to the lower back described as dull and rated 0/10 at the visit and 2/10 to 2/10 on average. The injured worker indicated their level of functioning was good. The injured worker had lumbar spine tenderness with paraspinous muscle spasms, bilateral facet loading signs. Lumbar spine range of motion was decreased. The physician noted

the injured worker had 75% reduction of pain with the medication regimen and a 75% increase in activities of daily living. The injured worker's medication regimen was not provided within the medical records. The physician's treatment plan included recommendations for a followup and medication refills. The physician recommended the injection to decrease pain and inflammation, as well as to supplement magnesium and B12. The Request for Authorization form was dated 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV Push: 1%, Lidocaine per 30ml, Vitamin B12 per 1000mcg, Toradol per 15mg, Magnesium per 500mg, Normal Saline Flush (Lidocaine 10mg/4ml, Vitamin B12 1000mcg/1ml, Magnesium 500mg/1ml, Toradol 30mg/ml): 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)-Ketorolac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ketorolac Injections (Toradol). Other Medical Treatment Guideline or Medical Evidence:Allannah McKay, MD, et al (2009).

Decision rationale: The Official Disability Guidelines state Toradol is recommended as an option to corticosteroid injections, with up to three subacromial injections. The guidelines recommend avoiding the use of an oral NSAID at the same time as the injections. Injection of the NSAID ketorolac shows superiority over corticosteroid injections in the treatment of pain. Peer reviewed literature states perioperative systemic lidocaine significantly reduces opioid requirements in the ambulatory setting without affecting time to discharge. MedlinePlus states magnesium helps to maintain normal nerve and muscle function, supports a healthy immune system, keeps the heart beat steady, and helps bones remain strong. It also helps regulate blood glucose levels and aid in the production of energy and protein. Deficiency of magnesium can occur in people who abuse alcohol or in those who absorb less magnesium due to burns, certain medications, low blood levels of calcium, problems absorbing nutrients from the intestinal tract (malabsorption), or those undergoing surgery. MedlinePlus states vitamin B12 helps formation of red blood cells and in the maintenance of the central nervous system. A lack of vitamin B12 (B12 deficiency) occurs when the body does not get or is unable to absorb the amount of vitamin B12 that the body needs. Many people over age 50 lose the ability to absorb vitamin B12 from foods. Those at risk include patients that follow a vegetarian or vegan diet, patients who have had gastrointestinal surgery, such as weight loss surgery, and patients with digestive disorders, such as celiac disease or Crohn's disease. The physician recommended the injection to decrease pain, decrease inflammation and supplement vitamins B12 and magnesium. There is a lack of documentation indicating the injured worker's response to the prior injection which was performed in 11/2013. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior injection as well as improvements in B12 and magnesium levels. There is no evidence that the injured worker has a decreased

vitamin B12 level or a decreased magnesium level which would indicate the need for supplementation. Additionally, per the provided documentation it appears the injured worker's medication regimen is effective in reducing pain and increasing the injured worker's function. As such, the request for IV Push: 1%, Lidocaine per 30ml, Vitamin B12 per 1000mcg, Toradol per 15mg, Magnesium per 500mg, Normal Saline Flush (Lidocaine 10mg/4ml, Vitamin B12 1000mcg/1ml, Magnesium 500mg/1ml, Toraol 30mg/mL is not medically necessary and appropriate.