

Case Number:	CM14-0118803		
Date Assigned:	08/06/2014	Date of Injury:	10/05/2009
Decision Date:	10/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 35-year-old female with a 10/5/09 date of injury. At the time (7/3/14) of request for authorization for IV Push Qty1- (Lidocaine 10Mg/4ml, Vitamin B12 1000mcg, Magnesium 500 mg, Toradol 30mg), there is documentation of subjective (moderate low back pain radiating to the left leg and foot with numbness; poor sleep quality, and depression) and objective (positive straight leg raise test on the left, tenderness at the lumbar paraspinal muscles with spasm, positive bilateral facet loading signs, and decreased lumbar range of motion) findings, current diagnoses (lumbosacral spondylosis, lumbar radiculopathy, and lumbago), and treatment to date (ongoing therapy with Percocet and Soma). There is no documentation of moderately severe acute pain that requires analgesia at the opioid level.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV Push Qty1- (Lidocaine 10Mg/4ml, Vitamin B12 1000mcg, Magnesium 500 mg, Toradol 30mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol), NSAIDs

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Ketorolac injection. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, lumbar radiculopathy, and lumbago. However, despite documentation of moderate low back pain, there is no (clear) documentation of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for IV Push Qty1- (Lidocaine 10Mg/4ml, Vitamin B12 1000mcg, Magnesium 500 mg, Toradol 30mg) is not medically necessary.