

<b>Case Number:</b>	CM14-0026330		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/15/1987
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 is a patient with a date of injury of 11/15/87. A utilization review determination dated 2/18/14 recommends non-certification of therapeutic injection/IVP x 2, noting that the intravenous push medications include Toradol, Lidocaine, Magnesium, and Vitamin B12. The 1/31/14 medical report identifies pain in the low back, left hip, buttock, and thigh. The patient obtained 50-60% pain relief from caudal ESI. The current pain is 5/10 and average pain is 8/10. On exam, there is lumbar spine tenderness with muscle spasms, bilateral facet loading signs, and decreased ROM. The current medications include Oxycodone, Flexeril, and Elavil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THERAPEUTIC INJECTION/ IV PUSH (IVP) X2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Ketorolac (Toradol®) and Vitamin B.

**Decision rationale:** Regarding the request for therapeutic injection/ IV push (IVP) X2, the medications for intravenous use are noted to be Toradol, Lidocaine, Magnesium, and Vitamin

B12. California MTUS does not address this issue. ODG does note that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy, but Vitamin B is not recommended in the management of chronic pain. A search of ODG, the National Library of Medicine, the National Guideline Clearinghouse, and other online resources failed to reveal support for the intravenous use of these medications in the management of chronic pain. Within the documentation available for review, there is no clear rationale for the use of Toradol in a patient on chronic opioid therapy with no exacerbation noted and a clear rationale presented for the intravenous use of this combination of medications in a patient with chronic pain despite a lack of evidence-based support for their use for this indication. In light of the above issues, the currently requested therapeutic injection/ IV push (IVP) X2 is not medically necessary.