

<b>Case Number:</b>	CM15-0131783		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 3, 2013. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve requests for IV Toradol, vitamin B12, magnesium sulfate, and Lidocaine. The claims administrator referenced a June 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. In a June 23, 2015 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The note was sparse, thinly developed, and difficult to follow. Additional physical therapy, lumbar MRI imaging, and epidural steroid injection therapy were sought. In a progress note dated June 8, 2015, the applicant reported ongoing complaints of low back pain. The applicant's pain complaints would moderately limit activities, it was acknowledged. Walking, twisting, standing, bending, and any kind of activities remained problematic, it was reported. The applicant's pain complaints were severe; it was stated in another section of the note. The applicant was on Norco, OxyContin, Soma, Xanax, and Robaxin, it was reported. The applicant had undergone earlier right and left knee surgeries, it was noted. The applicant was given various diagnoses, including chronic low back pain, fibromyalgia, sciatica, and thoracic spine pain. The applicant was given prescriptions for oral Elavil, Flexeril, Neurontin, MS Contin, and Norco, it was reported. IV ketorolac, IV lidocaine, IV magnesium, and IV vitamin B12 were all apparently administered, without much in the way of supporting rationale.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lidocaine injection IV push (full dose): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/lidocaine-cv-lidopen-342302#0>, Lidocaine (Rx) Lidocaine.

**Decision rationale:** No, the request for IV Lidocaine was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does establish a role for usage of topical Lidocaine in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and anti-convulsants, the MTUS does not specifically address the topic of IV Lidocaine usage. However, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should be knowledgeable regarding prescribing information and should adjust the dosing to the specific applicant. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that an attending provider's choice of pharmacotherapy should be based on the type of pain to be treated and/or pain mechanism involved. Here, however, the attending provider did not clearly state for what issue, diagnosis, and/or purpose IV Lidocaine was employed. While Medscape does establish a role for usage of IV Lidocaine in the treatment of ventricular arrhythmias, recent anesthesia, and paracervical anesthetic blocks, here, however, it was not clearly stated for what issue and/or purpose IV Lidocaine was being employed. Little-to-no rationale accompanied the order for the same. Therefore, the request was not medically necessary.

### **Magnesium Sulfate IV push: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Injection with anaesthetics and/or steroids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/mgso4-magnesium-sulfate-344444>magnesium sulfate (Rx)MgSO4Classes: Antidysrhythmics, V; Electrolytes.

**Decision rationale:** Similarly, the request for IV magnesium sulfate was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here,

however, the attending provider's June 8, 2015 progress note did not clearly state for what issue, diagnosis, and/or purpose IV magnesium had been selected. The attending provider did not clearly state for what issue, diagnosis, and/or purpose IV magnesium had been employed. While Medscape does acknowledge that IV magnesium can be employed to treat hypomagnesemia, pregnancy-related toxemia, Torsades de Pointes, and/or preterm labor, here, again, the documentation on file did not establish the presence of hypomagnesemia, pregnancy-related toxemia, Torsades de Pointes, etc., for which IV magnesium would have been indicated. Therefore, the request was not medically necessary.

**Vitamin B12 IV push:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Injection with anaesthetics and/or steroids, Vitamin B.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 9271. Recommendation: Vitamins for Chronic Pain Vitamins are not recommended for treatment of chronic pain if documented deficiencies or other nutritional deficit states are absent. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** Similarly, the request for IV vitamin B12 was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic, the MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not state for what issue, diagnosis, and/or purpose IV vitamin B12 had been employed on his June 8, 2015 progress note. The Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended in the chronic pain context in the absence of some documented nutritional deficiency or documented nutritional deficit state. Here, however, there was no mention of the applicant's carrying a diagnosis of clinically-evident, serologically-confirmed vitamin B12 deficiency for which vitamin B12 might have been indicated. Therefore, the request was not medically necessary.

**Ketorolac Tromethamine IV push (full dose):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac (Toradol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Chronic Pain, pg. 942 [A] single dose of

ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculoskeletal LBP.

**Decision rationale:** Finally, the request for IV ketorolac (Toradol) was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of IV ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that oral ketorolac or Toradol is not recommended for minor or chronic painful conditions. By analogy, IV ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. While the Third Edition ACOEM Guidelines do acknowledge that a single dose of ketorolac (Toradol) appears to be a useful alternative to a moderate dose of opioids for applicants who present to the Emergency Department with severe musculoskeletal low back pain, here, however, there was no mention of the applicant's having an acute flare of low back pain on or around the date in question, June 8, 2015. Rather, it appeared that the applicant presented with chronic, longstanding low back pain complaints on that date. The attending provider did not clearly state why the applicant was given IV ketorolac (Toradol) in the face of the unfavorable MTUS and ACOEM positions on the same in the chronic pain context present here. Therefore, the request was not medically necessary.