

<b>Case Number:</b>	CM15-0137674		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64-year-old woman sustained an industrial injury on 3/6/2011. The mechanism of injury is not detailed. Diagnoses include knee and leg pain, reflex sympathetic dystrophy syndrome of the leg, lumbar spondylosis, and lumbago. Treatment has included oral medications, surgical intervention, and TENS unit for home use. Physician notes dated 6/18/2015 show complaints of back, left leg, and knee pain rated 9/10. The worker received intravenous and/or injected medications during this visit including Ketorolac Tromethamine, Lidocaine, Magnesium Sulfate, and Vitamin B12. Recommendations include continue current medication regimen including MS Contin, Vicodin, and Zanaflex, IV push authorization, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IV push:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain procedure summary online version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol, Lidocaine Page(s): 72.

**Decision rationale:** The MTUS and ODG guidelines are silent on IV push. Per the MTUS guidelines regarding Toradol, this medication is not indicated for minor or chronic painful conditions. Per the ODG, lidocaine is a local anesthetic used for IV regional blocks. ODG states that magnesium sulfate is under study. More controlled trials are needed to assess the effect of magnesium sulphate on reducing autonomic instability, spasms, duration of intensive care and hospital stays and the need for mechanical ventilation. The ODG guidelines note that B vitamin & B vitamin complex is not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. The documentation submitted for review does not sufficiently establish the medical necessity of the request. As the requested medications are not recommended by the guidelines, the request is not medically necessary.