

Case Number:	CM15-0215830		
Date Assigned:	11/05/2015	Date of Injury:	03/31/2011
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 47-year-old male, with a reported date of injury of 03-31-2011. The diagnoses include plantar fasciitis of the left foot, chronic lumbar spine sprain and strain superimposed upon degenerative disc and joint disease, lumbar radiculopathy, left knee chondromalacia, and ruptured posterior tibial tendon of the left foot. The orthopedic exam report dated 10-12-2015 indicates that the injured worker presented for a recheck of ankle pain. The symptoms were located in the left ankle, left lateral ankle, and left medial ankle. He described the pain as sharp, dull, and aching. The symptoms were exacerbated by bearing weight and walking. The injured worker stated that he still had pain in his ankle and knee; and that he started to have increased pain in his low back. The low back pain radiated to the lateral aspect of the right leg and lateral aspect of the left leg. The lumbosacral spine pain was rated 8 out of 10. The physical examination showed impaired Tandem walking; impaired heel and toe walking; an antalgic gait; pain limp gait with guarding of the lumbar spine; diffuse myofascial tenderness upon palpation of the lumbar spine, bilateral flank, and medial low back; spasm in the paraspinal region of the lumbar spine with palpation secondary to myofascial tenderness; lumbar flexion at 45 degrees; positive straight leg raise test; normal range of motion and sensation of the bilateral knees; and no tenderness to palpation of the bilateral knees. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included trigger point injections of Celestone, Lidocaine, and Toradol, and physical therapy. The treating physician requested Lidocaine 2cc (ml), Toradol IM (intramuscular) injection, and

Celestone 2cc (ml). On 10-21-2015, Utilization Review (UR) non-certified the request for Lidocaine 2cc (ml), Toradol IM (intramuscular) injection, and Celestone 2cc (ml).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 3cc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lidocaine injectable.

Decision rationale: Pursuant to the Official Disability Guidelines, lidocaine 3cc is not medically necessary. Lidocaine is a local anesthetic. See the guidelines for additional details. In this case, the injured worker's working diagnoses are pes planus both feet; and right-sided low back pain without sciatica. Date of injury is March 31, 2015. Request for authorization is October 15, 2015. According to a progress note dated October 12, 2015, the injured worker presents for recheck ankle pain. Symptoms are exacerbated by weight-bearing and walking. The injured worker was starting to have increased pain in the low back. An additional reason for the visit is gradually worsening low back pain. Objectively, there is exquisite tenderness upon palpation of the LS spine and flank. There is spasm present. There were no trigger points documented. Motor function is 5/5 and sensation is normal. The treatment plan is for trigger point injections of 1 to 2 muscles with celestone, lidocaine and toradol. There is no documentation of trigger point injections. There is no documentation of trigger point injections and, as a result, there is no clinical indication for lidocaine 3 mL. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines, and no objective evidence of trigger points on physical examination, lidocaine 3cc is not medically necessary.

Toradol Intramuscular (IM) Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Toradol injectable.

Decision rationale: Pursuant to the Official Disability Guidelines, Toradol intramuscular (IM) injection is not medically necessary. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This medication is not indicated from minor or chronic painful conditions. The injection is recommended as an option to corticosteroid injections in the shoulder section with up to three injections. Toradol may be used as an alternative to opiate therapy. In this case, the injured

worker's working diagnoses are pes planus both feet; and right-sided low back pain without sciatica. Date of injury is March 31, 2015. Request for authorization is October 15, 2015. According to a progress note dated October 12, 2015, the injured worker presents for recheck ankle pain. Symptoms are exacerbated by weight-bearing and walking. The injured worker was starting to have increased pain in the low back. An additional reason for the visit is gradually worsening low back pain. Objectively, there is exquisite tenderness upon palpation of the LS spine and flank. There is spasm present. There were no trigger points documented. Motor function is 5/5 and sensation is normal. The treatment plan is for trigger point injections of 1 to 2 muscles with celestone, lidocaine and toradol. There is no documentation of trigger point injections. Toradol IM injection is not medically necessary. Toradol is not recommended for chronic pain. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and guideline non-recommendations for chronic pain, Toradol intramuscular (IM) injection is not medically necessary.

Celestone 2cc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682799.html>.

Decision rationale: Pursuant to Medline plus, Celestone, 2cc is not medically necessary. Betamethasone is used to treat the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin conditions. Celestone is a glucocorticoid. In this case, the injured worker's working diagnoses are pes planus both feet; and right-sided low back pain without sciatica. Date of injury is March 31, 2015. Request for authorization is October 15, 2015. According to a progress note dated October 12, 2015, the injured worker presents for recheck ankle pain. Symptoms are exacerbated by weight-bearing and walking. The injured worker was starting to have increased pain in the low back. An additional reason for the visit is gradually worsening low back pain. Objectively, there is exquisite tenderness upon palpation of the LS spine and flank. There is spasm present. There were no trigger points documented. Motor function is 5/5 and sensation is normal. The treatment plan is for trigger point injections of 1 to 2 muscles with celestone, lidocaine and toradol. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of trigger points on physical examination, Celestone, 2cc is not medically necessary.