

Case Number:	CM13-0065972		
Date Assigned:	01/03/2014	Date of Injury:	11/16/2010
Decision Date:	06/02/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 Medicine and is licensed to practice in Florida. 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:

The injured worker is a 48 year old male with a reported date of injury on 11/18/2010; the worker was hit by train traveling 5-10 miles per hour. The clinical note dated 12/17/2013 reported the injured worker complained of aching pain to the low back that was constant and progressed into stabbing and sharp pain. The injured worker's medication regimen included ibuprofen 800mg, Ambien, Tramadol, Omeprazole, Amoxicillin, Hydrochlorothiazide, and over the counter Benadryl for allergies. The injured workers diagnoses included lumbosacral strain/sprain, left-sided protruding disc at L2-3, herniated disc L4-5 with L5 nerve root impingement per MRI on 01/16/2011. The request for authorization was submitted on 11/27/2013, and the request is for Ketorolac 60mg with Xylocaine 1ml, to be given in the upper arm/buttock area; and Zolpidem 10mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOROLEC 60 MG WITH XYLOCAINE 1 ML, GIVEN IN THE UPPER ARM/BUTTOCK AREA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Odg- Low Back And Pain Chapters, Criteria For The Use Of Corticosteroids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) non-steroidal anti-inflammatory drugs Page(s): 72.

Decision rationale: The request for Ketorolac 60mg with Xylocaine 1 ml, given in the upper arm/buttock area is not medically necessary. The injured worker complained of low back pain, which has been described per clinical notes as a chronic pain and discomfort. According to the Chronic Pain Medical Treatment Guidelines Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. Official Disability Guidelines Recommend ketorolac as an option to corticosteroid injections, with up to three subacromial injections. The guidelines recommend avoiding the use of an oral NSAID at the same time as the injections. According to the clinical notes provided the injured worker had Ibuprofen 800mg listed as a medication. The guidelines also state Ketorolac injections have an extremely strong anti-inflammatory effect, but they may also have side effects. They can cause bleeding, and injured workers cannot utilize oral NSAID medications while receiving Ketorolac injections or if they have kidney damage. Furthermore, the injured worker reported the low back pain is alleviated with medication and taking hot showers. Moreover, the continued use of oral NSAID is contraindicated with the use of Ketorolac injections. Therefore, the request for Ketorolac 60mg with Xylocaine 1ml, given in the upper arm/buttock area is not medically necessary.

ZOLPIDEM 10 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien®) And Mental Illness & Stress, Insomnia Treatment.

Decision rationale: The request for Zolpidem 10mg # 30 is not medically necessary. Zolpidem is a medication indicated for short-term treatment of insomnia characterized by difficulties with sleep initiation. According to the Official Disability Guidelines Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Zolpidem is listed as a current medication on clinical note dated 09/05/2012, which demonstrates long-term use of this medication; the official disability guidelines state Zolpidem is not recommended for long-term use, but recommended for short-term use. There is a lack of clinical evidence that the injured worker had a continued sleep issues, or complained of insomnia. The efficacy of the medication was unclear. Therefore, the request for Zolpidem 10mg # 30 is not medically necessary.

