

Case Number:	CM14-0106942		
Date Assigned:	08/01/2014	Date of Injury:	03/10/2001
Decision Date:	12/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational Medicine, 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:

Injured worker (IW) is a 49 year old male who sustained an industrial injury on 03/10/01. 01/21/14 office note documented acute exacerbation of low back pain with reduced range of motion. Positive bilateral straight leg raising test was noted. IW was noted to be s/p L4-5 and L5-S1 fusion. Toradol injection 60 mg was performed. MRI was ordered. 02/04/14 office note stated that IW was seen in ER for severe low back pain. He had an injection in ER and also next day per treating physician. Normal neurological exam was documented. Psoriatic rash was present over hands and knees. Lumbar tenderness was noted. Diagnoses were psoriatic arthropathy and post inflammatory fibrosis. 02/05/14 MRI showed disc bulges L2-3 and 3-4, with neural foraminal narrowing at L2-3 through L5-S1. Intact fusion was noted. 01/31/14 urine drug screen (UDS) indicated prescribed tramadol was not detected and no prescribed alprazolam was detected. 2/18/14 IW reported low back pain. Range of motion (ROM) was improved. Norco 7.5/325 tid #90 2 refills was prescribed. Pain level and screening for addiction risk were not documented. 03/24/14 IW reported total body pain, fatigue, problem sleeping. Sleep complaints were not further characterized, and no work up for sleep disorder was documented. He was continued on topical Flurbiprofen, tramadol, Sonata, and Prilosec for PsA (psoriatic arthritis). 03/21/14 UDS was negative for all substances tested. 05/21/14 IMR denied Gabapentin, Thera-Tramadol, and Flurbi cream. 05/27/14 office note stated aquatic therapy was of some benefit. (Unspecified) functional improvement and relief was noted with adjunct of medication. Pain level was not documented. Previous UDS results were not addressed. Improved ROM was documented. Treatment plan: acupuncture 2 x 6 and Rx for Norco #90 with 2 refills, Ambien #30 with 2 refills, and Prilosec 20 #30. Toradol injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol Intramuscular Injection 60mg: Upheld

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

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

Decision rationale: Concerning Toradol (Ketorolac), MTUS states: "This medication is not indicated for minor or chronic pain conditions." Per office notes, IW suffers from chronic low back pain and no acute exacerbation of symptoms was noted in 05/27/14 office note. Therefore, medical necessity is not established for Toradol injection.

12 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 9792.24.1. Acupuncture Medical Treatment Guidelines recommends a trial of 3-6 acupuncture sessions, but does not recommend a more extended course of treatment without documented evidence of functional improvement following trial of 3-6 sessions. Medical necessity is not established for the requested 12 acupuncture sessions.

Norco 7.5/325mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81.

Decision rationale: Based upon the submitted documentation, the requested Norco is inconsistent with MTUS recommendations concerning opioids for chronic pain. Detailed information concerning symptomatic or functional response to previous opioid therapy is not documented. Previous drug screens were negative for prescribed opioid, but this is not addressed in office notes. Current pain level and functional status is not documented. Medical necessity is not established for the requested Norco.

Ambien 10mg #30 with 2 refills: 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) - Insomnia Treatment

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, Zolpidem (Ambien®), Insomnia treatment

Decision rationale: ODG Pain Chapter recommendations concerning insomnia treatment state: "Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." A detailed description of IW's sleep pattern is not documented, and there is no documented evaluation for the source of his insomnia complaints. A trial of non-pharmacological treatment for insomnia including sleep hygiene measures is not documented. ODG recommends Zolpidem (Ambien) for short-term (usually two to six weeks) treatment of insomnia, and the current request is for a 3 month supply of Zolpidem. Medical necessity is not established for the requested Ambien.