

Case Number:	CM14-0131110		
Date Assigned:	08/20/2014	Date of Injury:	06/19/2009
Decision Date:	09/23/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 65-year-old male who sustained an industrial injury on 6/19/2009. The mechanism of injury was not available. He was seen by the treating provider on 01/09/14. His chief complaint was chronic low back pain. Trigger point injections helped his pain significantly. His medications were also helpful. No adverse effects of medications reported by the patient. Examination findings included moderate spasm, decreased motor strength along L5 and S1 distribution bilaterally with decreased sensation to some dermatomes. There was antalgic gait pattern, facet tenderness in L3-S1, right greater than left and painful/decreased range of motion. His diagnoses included lumbar discogenic disease multilevel, lumbar spine sprain/strain, chronic low back pain and lumbar facet arthropathy. His treatment included trigger point injection, second opinion spinal surgery consultation, Norco, Norflex and Ativan. He was temporarily totally disabled. His progress notes from March 6, 2014 revealed a pain level of 7/10 on a daily basis in his low back. Medications were helping to maintain his functional status. On examination he was found to have positive straight leg raising test bilaterally at 60. He also had positive paraspinal muscle spasm with trigger points elicited on exam. He had motor weakness bilaterally. His diagnoses were same as above and his plan of care again included trigger point injections, Norco 10/325 mg 2 tablets, Norflex and Ativan. His progress notes from 05/01/14 had a chief complaint of chronic low back pain. He stated that he was having a bad day in regards to his low back pain. He stated that his pain radiated to both his buttocks. Examination findings were similar to above with positive straight leg raising test, positive paraspinal muscle spasms, positive trigger points, motor weakness and an antalgic gait. The diagnoses were same as above. Treatment plan included trigger point injection, Norco 10/325 #180, Norflex 100 mg #90, Ativan 1 mg #90 and lumbar corset. His final progress notes from June 25, 2014 were also reviewed. Patient stated that he was having a bad day with regards to his low back pain. Patient had to pay

for his medications out of pocket as the medications were denied. He was out of his medications and the pain was rated 10/10. When he took the medication, the pain decreased to 7/10. He was unable to perform activities of daily living without the medication. He normally took 2 tablets of Norco in the morning and waited approximately 30 minutes prior to getting out of bed. He had been having anxiety attacks because he had been out of Ativan. He had not been able to sleep at night. He had been out of his Restoril. His examination findings included positive straight leg raising test bilaterally at 60, positive paraspinal muscle spasms, positive trigger points bilaterally, motor weakness at 4/5 bilaterally, antalgic gait and restricted range of motion. He was unable to walk heel to toe. His diagnoses included lumbar discogenic disease multilevel, lumbar spine sprain/strain, chronic low back pain and lumbar facet arthropathy. His treatment plan included Norco 10/325 mg 2 tablets #180, Norflex 100 mg one tablet #90, Ativan 1 mg #90, Restoril 30 mg. #30 and a Toradol 60 mg injection was administered intramuscularly for increased pain. He remained temporarily totally disabled. Also reviewed was a utilization review letter that was dated July 3, 2014 that certified a prescription of Norco 10/325 #180 and also a modified certification of Ativan 1 mg #27.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The employee was being treated for low back pain and his diagnoses included multilevel lumbar discogenic disease, lumbar spine sprain/strain, chronic low back pain and lumbar facet arthropathy. His treatment plan included Norco, Norflex, Ativan and trigger point injections. He had been on his current medications at least since the starting of 2014. According to the chronic pain medical treatment guidelines benzodiazepines are not recommended for long-term use. The employee was on both Restoril and Ativan both of which are in the benzodiazepine drug class. Given the high risk of side effects in individuals 65 years and older and given the prolonged use which is beyond the guideline recommendation of 4 weeks, the request for Restoril and Ativan are not medically necessary or appropriate.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The employee was being treated for low back pain and his diagnoses included multilevel lumbar discogenic disease, lumbar spine sprain/strain, chronic low back pain and lumbar facet arthropathy. His treatment plan included Norco, Norflex, Ativan and trigger point injections. He had been on his current medications at least since the starting of 2014. During his visit in June 2014, he was noted to have an improvement of pain with Norco from 10/10 to 7/10. In addition, he had functional improvement in his ability to do his activities of daily living with the Norco. He had no adverse effects. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, the guidelines also recommend discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. According to the guidelines the lowest possible dose should be prescribed to improve pain and function. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The employee was being treated for low back pain and had been on Norco 2 tablets three times a day. He was reported not to be working and there was documentation in the progress notes from June 2014, of functional improvement and pain scale improvement with the use of Norco. Hence the request for continued use of Norco is medically necessary or appropriate.

Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The employee was being treated for low back pain and his diagnoses included multilevel lumbar discogenic disease, lumbar spine sprain/strain, chronic low back pain and lumbar facet arthropathy. His treatment plan included Norco, Norflex, Ativan and trigger point injections. He had been on his current medications at least since the starting of 2014. According to the Chronic Pain Treatment guidelines, muscle relaxants are recommended only as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Norflex in particular had anticholinergic side effects like drowsiness, urinary retention and dry mouth limiting its use in the elderly. Given the chronicity of the employee's complaints, advanced age of 65 years and chronic use of Norflex for over 6 months, the treatment guidelines for continued use of Norflex have not been met. The request for Norflex is not medically necessary or appropriate.

Ativan 1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The employee was being treated for low back pain and his diagnoses included multilevel lumbar discogenic disease, lumbar spine sprain/strain, chronic low back pain and lumbar facet arthropathy. His treatment plan included Norco, Norflex, Ativan and trigger point injections. He had been on his current medications at least since the starting of 2014. According to the chronic pain medical treatment guidelines benzodiazepines are not recommended for long-term use. The employee was on both Restoril and Ativan both of which are in the benzodiazepine drug class. Given the high risk of side effects in individuals 65 years and older and given the prolonged use which is beyond the guideline recommendation of 4 weeks, the request for Restoril and Ativan are not medically necessary or appropriate.

Toradol 50mg Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Toradol Page(s): 67-74.

Decision rationale: The employee was being treated for low back pain and his diagnoses included multilevel lumbar discogenic disease, lumbar spine sprain/strain, chronic low back pain and lumbar facet arthropathy. His treatment plan included Norco, Norflex, Ativan and trigger point injections. He was noted to be in severe pain at 10/10 intensity since he had not had his usual medications. The request was for Toradol 60mg injection - retrospective. Toradol is an NSAID. According to Chronic Pain Medical Treatment guidelines, Toradol is not indicated for minor or chronic painful conditions. The Official Disability Guidelines recommend that intramuscular Toradol can be used as an alternative to opioid therapy. The employee had not taken his medications including Norco, as they were denied and he was in severe pain. So the Toradol was used instead of Norco and also in the setting of acute worsening of pain. The retrospective request for Toradol 60mg injection is medically necessary and appropriate.