

Case Number:	CM14-0131451		
Date Assigned:	08/20/2014	Date of Injury:	03/12/2009
Decision Date:	10/02/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 39 year old male who sustained a work injury on 3-12-09. The claimant is status post lumbar fusion. On 5-15-14, it is noted the claimant reports constant low back pain rated as 7/10. On exam, he has decreased range of motion, positive SLR bilaterally, spasms, antalgic gait. The claimant uses a cane. The claimant is continued on medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Ativan10mg #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, PAIN (CHRONIC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Benzodiazepines

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is an absence in documentation that

this claimant has any extenuating circumstances to support the long term use of this medication or exceeding current treatment guidelines. Therefore, this request is not medically necessary.

Prospective Request for 1 Prescription of Ultram 100mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Tramadol

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting that this claimant has failed first line of treatment. Additionally ongoing use of an opioid analgesic requires ongoing documentation of functional improvement. This claimant continues with high levels of pain rated as 7/10 and no documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Based on the records provided, this request is not medically necessary.

Prospective Request for 1 Urine Drug Screen: 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 (CHRONIC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter UDT

Decision rationale: Chronic pain medical treatment guidelines reflect that UDT is used for screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is an absence in documentation noting that this claimant has poor pain control, abuse or that he is a patient at high risk. Therefore, this request is not medically necessary.

Prospective Request for 1 Toradol 60mg and B12 Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC) (B12 INJECTION)

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 (Toradol), Vit B.

Decision rationale: ODG notes that the Toradol injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Medical Records does not reflect that the claimant is provided with Toradol as an alternative to opioid medications. Additionally, it is noted that for Back Pain - Chronic low back pain NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. Therefore, the medical necessity of this request is not established. Regarding Vitamin B12 injection, ODG notes that this is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. In comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in a significant short-term reduction in pain and improvement in paresthesias, in a composite outcome combining pain, temperature and vibration, and in a composite outcome combining pain, numbness and paresthesias. There was some evidence that vitamin B is less efficacious than alpha-lipoic acid, cilostazol or cytidine triphosphate in the short-term improvement of clinical and nerve conduction study outcomes. Vitamin B is generally well-tolerated. There is an absence in documentation noting extenuating circumstances to support the injection of Vitamin B12 in this case when the guidelines does not support this form of treatment. Therefore, the medical necessity of this request is not established.