

Case Number:	CM14-0022897		
Date Assigned:	05/12/2014	Date of Injury:	12/06/1990
Decision Date:	08/04/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The patient is a 57-year-old male who has filed a claim for lumbar discopathy with myelopathy associated with an industrial injury date of December 06, 1990. Review of progress notes indicates severe low back pain with right lower extremity radiculopathy; bilateral knee pain, more on the right; headaches; pain and numbness in the arms and wrists; and bilateral foot pain. Findings include antalgic gait; tenderness over the lumbar region; decreased range of motion with mild guarding upon flexion and extension; muscle spasm over the lumbar spine; positive straight leg raise test bilaterally; decreased sensation along the dorsum of the foot and posterolateral calf; decreased motor strength of the plantar flexor and toe extensor; and positive sciatic notch tenderness bilaterally, more on the right. Examination of the right knee showed tenderness, abnormal patellar tracking, positive patellar grind maneuver, mild swelling, positive McMurray's test, and mildly positive varus-valgus stress test. Treatment to date has included opioids, sedatives, muscle relaxants, physical and aquatic therapy, Toradol and B12 injections, back bracing, knee bracing, TENS, and topical analgesics. Utilization review from January 22, 2014 denied the requests for Ambien 10mg and tizanidine as there was no documentation of necessity to justify the long-term use of this medication; Toradol injections as the patient is on Norco; and B12 injections as there are no guidelines to support this.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG: 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) Zolpidem (Ambien).

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, Ambien (zolpidem tartrate).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. Patient has been on this medication since June 2013. Patient notes that this medication helps with the ability to sleep at night. However, this medication is not recommended for chronic use. Also, the requested quantity is not specified. Therefore, the request for Ambien 10mg is not medically necessary.

TORADOL INJECTIONS: 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) Toradol, NSAIDs;NSAIDs,GI symptoms and cardiovascular risk; NSAIDs, hypertension and renal function.

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, Ketorolac (Toradol); NSAIDs, specific drug list & adverse effects.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that Toradol injection is recommended for moderately severe acute pain requiring analgesia at the opioid level. It is an option to corticosteroid injections, with up to three injections. When administered intramuscularly, may be used as an alternative to opioid therapy. Patient receives toradol and B12 injections every 3 months, providing decreased pain and inflammation for 2-3 weeks. However, the patient is also currently on opioid therapy. Also, the requested quantity is not specified. Therefore, the request for toradol injections is not medically necessary.

TIZANIDINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since at least June 2013. Patient notes that this medication is helpful with the muscle spasms. However, there is no documentation of acute exacerbation of pain at this time. Also, this medication is not recommended for chronic use, and the requested dosage and quantity is not specified. Therefore, the request for tizanidine is not medically necessary.

VITAMIN B-12 INJECTIONS: 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) Vitamin B.

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, Vitamin B.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that vitamin B is not recommended. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. Patient receives toradol and B12 injections every 3 months, providing decreased pain and inflammation for 2-3 weeks. The patient reports that the B12 injections strengthen the immune system; without it, the patient feels weak. However, there is not enough evidence to support the use of this modality. Also, the requested quantity is not specified. Therefore, the request for vitamin B12 injections is not medically necessary.