

Case Number:	CM14-0061420		
Date Assigned:	08/08/2014	Date of Injury:	10/16/2012
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/02/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female who reported injury on 02/16/2012, reportedly when she tripped and fell getting off an elevator. She sustained injuries to her back, hand, knee, ankle and shoulder. The injured worker's treatment history included medications, psychological evaluation, MRI, and surgery. The injured worker was evaluated on 05/07/2014, and it was documented the injured worker complained of neck, low back, bilateral hand, shoulders, wrists, right foot, and bilateral hip and knee pain. The pain was rated at 7/10 in intensity with medications and 9/10 in intensity without medications. The injured worker was status post transforaminal epidural steroid injection bilateral L4-5. This procedure took place on 02/04/2014, and then injured worker reported good 50% to 80% overall improvement. The injured worker reported good functional improvement with decrease in pain medication, and improved mobility. The duration of improvement was 2 months. Within the documentation the provider noted the injured worker fell on 02/28/2014 due to weakness in the legs, and she sustained a left patellar fracture. Physical examination of the lumbar spine revealed no gross abnormality. Tenderness was noted upon palpation in the spinal vertebral area L4 through S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Medications included Ketoprofen, Tizanidine, tramadol, Restone and Ambien. The provider noted today's re-evaluation included periodic review of each of the injured worker's prescribed medications, which have been provided to reduce pain and/or sequelae resulting from her injury. The review included a discussion of impact on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse effects. It was determined that the injured worker meets the criteria for the continuation of medication management for the specific indications listed below, based on the current California/MTUS Guidelines, Chronic Pain. Diagnoses

included chronic pain other, lumbar radiculopathy, lumbar spine stenosis, bilateral carpal tunnel syndrome, anxiety, depression, insomnia and left patellar fracture from fall secondary to leg weakness. The treatment plan included lumbar transforaminal steroid injection bilateral L4-5, acupuncture therapy and medication refills. The Request for Authorization was not submitted for this review. The rationale for the epidural steroid injection was that the injured worker has shown at least 50% pain relief from the prior epidural steroid injection for a duration of at least 2 months. Medications were beneficial with continued at the prescribed dose. Acupuncture treatment sessions were for conservative treatment care for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Additional Therapeutic Transforaminal Epidural Steroid Injection bilaterally at level L4-L5 using fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs (Epidural Steroid Injection). There was lack of documentation of home exercise regimen, and pain medication management and prior physical therapy outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for One Additional Therapeutic Transforaminal Epidural Steroid Injection bilaterally at level L4-L5 using fluoroscopy is not medically necessary and appropriate.

Ambien 10mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG).

Decision rationale: The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non-benzodiazepine 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. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request of Ambien 10mg #30 is not medically necessary and appropriate.

Ketoprofen 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker and outcome measurements of prior physical therapy. There was lack of documentation stating the efficiency of the Ketoprofen for the injured worker. In addition, the request for Ketoprofen did not include frequency, or duration of medication. Given the above, the request for Ketoprofen 50mg #30 is not medically necessary and appropriate.

Restone 3-100mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head, Melatonin.

Decision rationale: According to the Official Disability Guidelines (ODG) state that Restone is recommended in treating sleep disorder post-TBI. Melatonin is also more effective than placebo for migraine prevention. Results from a multicenter, randomized, double-blind, placebo-controlled trial showed that 3 mg of melatonin had efficacy similar to that of 25 mg of Amitriptyline, and it was better tolerated than Amitriptyline, with lower rates of daytime sleepiness and no weight gain. Melatonin's role in regulating circadian rhythm has been linked to

cluster headache, hypnic headache, and migraine. And melatonin plays an important role in sleep regulation, and disruption of melatonin production has been linked to sleep disorders, including sleep apnea, insomnia, and delayed sleep phase syndrome, which are linked to headache. Research has also linked low levels of melatonin in plasma and urine and altered peak time in melatonin levels to a variety of headache types, including migraine. . In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The request failed to include frequency and duration of medication. As such, the request for Restone 3-100mg #30 is not medically necessary and appropriate.

Tizanidine Hcl 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP (Low Back Pain). The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Tizanidine and functional improvement while being on the medication. The request did not include frequency of medication for the injured worker. In addition, the guidelines do not recommend Tizanidine to be used for long term use. Given the above, the request for Tizanidine Hcl 2mg #60 is not medically necessary and appropriate.

Tramadol Hcl 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to indicate frequency

and duration of medication. As such, the request of Tramadol HCl 50mg #90 is not medically necessary and appropriate.

Acupuncture (frequency and duration not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Topics (Acupuncture) Page(s): 8-9.

Decision rationale: Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state that "acupuncture" is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The Guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The clinical documentation indicated that the injured worker previously participated in conservative care, however outcome measurements were not provided for review. In addition, the documents submitted failed to indicate injured worker long-term functional goals. The request submitted failed to indicate location, frequency and duration of treatment for the injured worker. Given the above, the request for acupuncture (frequency and duration not specified) is not medically necessary and appropriate.