

<b>Case Number:</b>	CM14-0069324		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/30/2001
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old female who reported an injury on 09/30/2001. The mechanism of injury was not provided. On 02/25/2014, the injured worker presented with back pain on the left side. The current medications included Abilify and ibuprofen. Upon examination of the lumbar spine there was tenderness to the facet joint and crepitus with decreased range of motion. The diagnoses were hip/pelvic pain, lumbago/low back pain, anxiety, myofascial pain syndrome/fibromyalgia, and insomnia. The provider's rationale was not provided. The request for authorization was dated 04/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 IM injection of Toradol 60mg/2ml: 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), Pain (Chronic), Ketorolac (Toradol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70..

**Decision rationale:** The request for 1 IM injection of Toradol 60 mg/2 mL is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is a lack of evidence in the medical records provided of an adequate pain assessment and efficacy of the medication. The injured worker has been prescribed Toradol since at least 04/2014. The provider's rationale for an IM injection of Toradol in place of an oral NSAID medication was not provided. As such, the request is not medically necessary.

**1 prescription of Ambien 10mg #30 with 1 refill:** 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), Pain (Chronic), 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.

**Decision rationale:** The request for 1 prescription of Ambien 10 mg with a quantity of 30 and 1 refill is non-certified. The Official Disability Guidelines state that Ambien is a prescription short-acting nonbenzodiazepine hypnotic which is approved for the short-term, usually 2 to 6 weeks' treatment of insomnia. While these medications may provide short-term benefit. The pills and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit-forming and 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 injured worker has been prescribed Ambien since at least 04/10/2014. The efficacy of the medication was not provided. The provider's request for Ambien with a quantity of 30 with 1 refill would exceed the guideline recommendation of short-term therapy. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary.