

<b>Case Number:</b>	CM14-0074307		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 43-year-old female who reported an injury on 02/25/2010. The mechanism of injury was not provided. On 05/05/2014, the injured worker presented with neck pain that radiated down the right upper extremity, low back pain that radiated down the bilateral lower extremities, upper extremity pain in the right shoulder and lower extremity pain in the bilateral hips. Upon examination of the thoracic spine, there was spasm noted and tenderness over the paravertebral region bilaterally. Examination of the lumbar spine noted spasm over the bilateral paraspinal musculature and tenderness to palpation bilaterally to the paravertebral area L3-S1 levels. Examination of the lumbar spine was moderately limited secondary to pain. The diagnoses were chronic pain, failed back surgery syndrome of the lumbar, lumbar radiculopathy, status post fusion of the lumbar spine, right-sided shoulder bursitis. The provider recommended Toradol injection quantity of 1, B12 injection quantity of 1, hydrocodone, Opana, and baclofen. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection QTY:1:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketolorac (Toradol).

**Decision rationale:** The Official Disability Guidelines state that a Toradol injection would be recommended as an option to corticosteroid injections in the shoulder, with up to 3 injections. Toradol, when administered intramuscularly, may be used as an alternative to opioid therapy. The provider's request does not indicate the dose of the Toradol injection. Additionally, the provider's progress notes that a Toradol injection was already previously given to the injured worker; however, the efficacy of the injection was not provided. As such, the request for Toradol injection x1 is non-certified.

**B12 injection QTY:1:** 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 Official Disability Guidelines (ODG) Pain, Vitamin B.

**Decision rationale:** Official Disability Guidelines do not recommend vitamin B. Vitamin B is primarily used for treating peripheral neuropathy but its efficacy is not clear. Additionally, the provider does not indicate the dose of the B12 injection in the request as submitted. As such, the request for a B12 injection quantity of 1 is non-certified.

**Hydrocodone Bit/APAP 10/325mg QTY:90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment or the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behavior, and side effects. Initially, the provider does not indicate the frequency of the medication in the request as submitted. The request for hydrocodone Bit/APAP 10/325 mg with a quantity of 90 is non-certified.

**Opana 20mg QTY:60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment or the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behavior, and side effects. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. The request for Opana 20 mg with a quantity of 60 is non-certified.

**Baclofen 20mg QTY:60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

**Decision rationale:** The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some of these medications in this class may lead to dependence. The provider's request for baclofen did not indicate the frequency of the medication in the request as submitted. As such, the request for baclofen 20 mg with a quantity of 60 is non-certified.