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| Case Number: | CM14-0202588 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 05/24/2012 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Hawaii, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 suffered an unknown work related injury on 05/24/12. Per the physician notes from 10/08/14 she continues to complain of neck, right shoulder and right hand pain. On examination there is spasm noted in the posterior neck and point tenderness upon palpation about the posterior neck. She complains of pain with motion. She also complains of pain with motion of the right shoulder. There is point tenderness upon palpation about the rotator cuff tendon and AC joint. Generalized grip strength weakness is noted in the right hand. Decreased sensation is present to the thumb, index, and middle fingers of the right hand. Diagnoses include cervical spine disc bulge 2mm at C4-5 with right sided C5 radiculopathy, labral tear right shoulder, status post-surgical repair, carpal tunnel syndrome right hand, status post carpal tunnel release with residual diminished sensation about the thumb, index, and middle fingers. The treatment plan includes Motrin, Norco, soma, Xanax, and the injured worker received injections of Toradol, Dexamethasone, Depo-Medrol, and Vitamin B12. These treatments were denied by the Claims Administrator on 11/03/14 and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg. #90 (retrospective 10/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such, the request for Motrin 800 mg. #90 is not medically necessary.

Norco 10/325 mg. #60 (retrospective 10/20/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325 mg. #60 is not medically necessary.

Soma 350 mg. #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Chronic Pain, Soma (Carisoprodol)

Decision rationale: MTUS states regarding Crisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs."ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Treating physician does not detail circumstances that would warrant extended usage. The original review recommended weaning, which is appropriate. As such, the request for Soma 350mg #60 is not medically necessary.

Xanax 0.25 mg. #60 (retrospective 10/20/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Mental Illness, Benzodiazepines

Decision rationale: MTUS and ODG states that benzodiazepine (ie Lorazepam) is "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Lorazepam "Not recommended".Medical records indicate that the patient has been on Xanax for a length of time which exceeds MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, the treating physician cites anxiety as the reason for xanax. No indication of a thorough mental health evaluation leading up to the request was noted in the treatment notes. As such, the request for Xanax 0.25 mg. #60 is not medically necessary.

Toradol injection 15 mg. (retrospective 10/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Pain, NSAIDs

Decision rationale: Ketorolac/Toradol is an NSAID. MTUS is silent on Ketorolac specifically, but MTUS has four recommendations regarding NSAID use in general: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: 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. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. ODG states the following: "Ketorolac (Toradol, generic available): The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain (transition from IV or IM) for adults < 65 years of age: 20mg PO followed by 10mg PO every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose." Which ongoing pain is established by the medical notes, the treatment note for 10/20/2014 does not indicate any severe acute breakthrough pain for which toradol injection would be necessary. As such, the request for Toradol injection 15 mg is not medically necessary.

Dexamethasone injection 10 mg. (retrospective 10/20/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: MTUS was silent with regards to dexamethasone injection for pain. ODG states, "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication.

Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain."The treatment notes related to the procedure date did not indicate acute radicular pain. As such, the request for Dexamethasone injection 10 mg. (retrospective 10/20/14) is not medically necessary.

Depo-Medrol injection 80 mg. (retrospective 10/20/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck, Methylprednisolone, Low Back Pain, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: MTUS was silent with regards to Methylprednisolone injection for pain. ODG Neck chapter states "See Epidural steroid injection (ESI); & Steroids (for spinal cord injury), plus Corticosteroids (oral/parenteral for low back pain) in the Low Back Chapter". ODG low back chapter states, "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain."The treatment notes related to the procedure date did not indicate acute radicular pain. As such, the request for Methylprednisolone injection 10mg is not medically necessary.

Vitamin B-12 injection 1000c mg, (retrospective 10/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Vitamin B

Decision rationale: MTUS is silent with regards to Vitamin B, therefore other guidelines were utilized. ODG states regarding Vitamin B, "Not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear."The medical records do not substantiate a Vitamin B deficiency, which would necessitate Vitamine B-12 supplementation. ODG states that the use of vitamin B for treatment of neuropathy is notvclearly efficacious. As such, the request for Vitamin B-12 injection 1000c mg, (retrospective 10/20/14) is not medically necessary.