

<b>Case Number:</b>	CM15-0003551		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	10/30/2000
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, Michigan

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:

This is a 54 year-old male, who has reported multifocal pain after a motor vehicle accident on 10/30/2000. The diagnoses have included testicular hypofunction, joint pain, cervical disc degeneration, brachial neuritis, spasm, rotator cuff tear, and sleep disturbances. A psychiatric Agreed Medical Examination (AME) diagnosed depression. Treatments to date have included chiropractic, physical therapy, cervical fusion, shoulder surgery, testosterone injections, and medications. Reports from the pain management physician since 2012 show ongoing polypharmacy with benzodiazepines and opioids, and minimal or no discussion of the specific results of using any medication. Function is not adequately addressed and there is no work status in most of the reports. When mentioned, work status is "off work". Per a report of 9/30/13, clonidine was prescribed for withdrawal symptoms. A report of 1/15/14 refers to two injections for chronic pain, Toradol and vitamin B12. Reports since 2012 refer to weaning of habituating medications, although opioids and benzodiazepines have continued to the present without major changes in frequency and dose. Multiple reports during 2014 refer to two injections for chronic pain, Toradol and B12. Reports refer to drug testing but no specific details or results are present in the records. Clonidine is listed as a current and chronic medication, but the recent reports do not address the results of use. It is stated to be for withdrawal symptoms. Blood pressure is not monitored. In a progress note dated 12/16/2014, there was ongoing regional pain in the neck and upper extremities. Current medications included nabumetone, tramadol, buprenorphine, trazodone, clonidine, and Valium. Medications were reportedly beneficial and there were no signs of abuse or diversion, or any intolerable side effects. Specific functional benefits of

mediations were not addressed. Work status was "off work". Two injections were given for chronic pain, Toradol and vitamin B12. The current medications were continued. On 12/24/2014 Utilization Review non-certified Clonidine and 2 intramuscular Injections. The injections were apparently for ketorolac. Utilization Review partially certified Valium and Tramadol, citing California Medical Treatment Utilization Schedule and Official Disability Guidelines. Trazodone, buprenorphine, a urine drug screen, testosterone, and a psychology consultation were certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Valium 10 mg #20:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants Page(s): 24, 66.

**Decision rationale:** The treating physician has not provided a sufficient account of the indications and functional benefit from this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. Although briefly discussed, weaning of benzodiazepines has not occurred after many months, and prescribing has occurred for years. Valium is not prescribed according to the MTUS and is not medically necessary.

**Tramadol 50 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction Indications, Chronic back pain Mec.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not adequately address the other recommendations in the MTUS. There is no evidence of significantly increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to

quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as "off work", which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Tramadol HCL ER 100 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction Indications, Chronic back pain Mec.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not adequately address the other recommendations in the MTUS. There is no evidence of significantly increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as "off work", which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Clonidine:** 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 Other Medical Treatment Guideline or Medical Evidence: Weaver, Michael F, and Hopper, John A: Medically supervised opioid withdrawal during treatment for addiction. In UpToDate, edited by Ted. W. Post published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS does not address oral clonidine for opioid withdrawal. An alternative guideline, UpToDate, is cited above. Clonidine may be used for acute withdrawal symptoms, for 10-14 days. Blood pressure must be monitored to assess for hypotension. In this

case, blood pressure has not been monitored. Acute withdrawal is not present, as clonidine has been prescribed for months and the reports do not reflect an acute attempt at withdrawal. Clonidine is not medically necessary as it is not prescribed according to guidelines.

**Two (2) intramuscular injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol), [Boxed Warning] Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: B vitamins and vitamin B complex; chronic pain chapter: ketorolac. Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Chronic Pain update, 2008, page 137.

**Decision rationale:** Although not stated in the request to Independent Medical Review, it appears from the records that the injections are for ketorolac and vitamin B12. Per the manufacturer, Toradol is indicated for the short-term (less than or equal to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, usually in a post-operative setting. The manufacturer states that Toradol is contraindicated in patients currently receiving ASA or NSAIDs because of the cumulative risk of inducing serious NSAID-related adverse events. The manufacturer and the MTUS state that Toradol is NOT indicated for chronic painful conditions. This patient has had pain for years, and thus has chronic pain. Per the FDA prescribing information for Toradol, concomitant use with NSAIDs is contraindicated because of the cumulative risk of inducing serious NSAID-related side effects. This injured worker has been prescribed an oral NSAID, nabumetone; Toradol should be contraindicated for this reason alone. Toradol injection is not medically necessary based on the MTUS and contraindications listed by the manufacturer. The MTUS does not provide direction for the use of Vitamin B12. The treating physician has provided no evidence of a Vitamin B12 deficiency or any other specific indication for vitamin replacement. The Official Disability Guidelines citation above recommends against Vitamin B12 for chronic pain. The ACOEM update cited above recommends against vitamin supplementation unless there is a documented deficiency, which there is not in this case. The Vitamin B12 is therefore not medically necessary.