

Case Number:	CM15-0162930		
Date Assigned:	08/31/2015	Date of Injury:	10/27/2002
Decision Date:	10/16/2015	UR Denial Date:	08/02/2015
Priority:	Standard	Application Received:	08/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 36 year old Female, who sustained an industrial injury on October 27, 2002. She reported low back pain and bilateral lower extremity pain. The injured worker was diagnosed as having anxiety state, adjustment disorder with mixed anxiety and depressed mood, lumbar disc displacement without myelopathy, low back pain and lumbago. Treatment to date has included diagnostic studies, conservative care, pain injections, medications and work restrictions. Currently, the injured worker continues to report low back pain with decreased range of motion and lower extremity pain, weakness, tingling and numbness. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 28, 2014, revealed continued pain rated at 4 on a 1-10 scale with 10 being the worst. Urinary drug screen on February 9, 2015, revealed results inconsistent with expectations. Lumbar magnetic resonance imaging (MRI) with 3D reconstruction on May 7, 2014, revealed abnormalities including degenerative disc disease. Evaluation on June 22, 2015, revealed continued pain, anxiety and depression. She rated her pain at 6 on a 1-10 scale with 10 being the worst. She requested chiropractic care and a Toradol injection. Current medications included Voltaren gel, Nabumetone, Diazepam, Vitamins, Methadone, Clonidine and Duloxetine. It was noted she was using Clonidine as needed for withdrawal symptoms. It was noted she went daily to a Methadone clinic. Magnetic resonance imaging of the cervical spine with 3D reconstruction on June 26, 2015, revealed reversal of the expected cervical lordosis and dextroconvex scoliosis of the cervicothoracic junction attributable to muscle spasm versus patient positioning, disc protrusions

with cord indentation and mild neural foraminal narrowing. 1 prescription of Diazepam 5mg, 1 prescription of Tramadol HCL 50mg and 1 Toradol 60mg IM injection were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Diazepam 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the California (CA) MTUS Guidelines, benzodiazepines are not recommended for long term use. The long-term efficacy is unproven and increases the risk of dependency. It was noted the injured worker had chronic pain and had been treated for over 12 years with pain medications and muscle relaxants. There was no documentation of Diazepam providing benefit to the beneficiary and no goals explaining the intention of short-term use. There was noted improvement in pain level intensity with a combination of the current medications. In addition, it was noted she had aberrant drug behaviors with a history of addiction to medication and the amount of medication was not noted in the requested treatment. For these reasons, the request for 1 prescription of Diazepam 5mg is not medically necessary.

1 prescription of Tramadol HCL 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: According to the California (CA) MTUS Guidelines Tramadol is a centrally-acting synthetic opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no

noted functional improvement or improved pain noted during the duration of the prescription for Tramadol. Furthermore, there was no indication of the amount requested in the requested treatments. For these reasons, the request for 1 prescription of Tramadol HCL 50mg is not medically necessary.

1 Toradol 60mg IM injection: 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) (2015).

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

Decision rationale: According to the Official Disability Guidelines (ODG) and California (CA) MTUS Guidelines, Toradol is indicated for the treatment of minor or chronic painful conditions. It is recommended for severe acute pain for a short period of time. In this case, the pain is noted as chronic and has been present for over 12 years. It was noted the injured worker had received multiple injections however, there was no indication of the level of benefit following the injections. The request for 1 Toradol 60mg IM injection is not medically necessary.