

Case Number:	CM15-0184015		
Date Assigned:	09/24/2015	Date of Injury:	05/17/2014
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 60 year old male, who sustained an industrial injury on May 17, 2014. He reported neck pain, upper, mid and low back pain and bilateral upper extremity pain with associated tingling and numbness into the forearms and hands. The injured worker was diagnosed as having cervical spine advanced degenerative disc disease (MRI 6-25-2014), cervical spine multilevel herniated disk and osteophyte complex (MRI 6-25-2014), cervical spine radiculopathy, left shoulder full thickness rotator cuff tear (MRI 6-25-2014), right shoulder partial thickness tear with tendinopathy and bursitis (MRI 6-25-2014), Lumbar spine advanced degenerative disc disease and spondylosis (MRI 6-25-2014), lumbar spine moderately severe central canal stenosis and multilevel disc protrusions (MRI 6-25-2014), lumbar spine post-laminectomy (performed on 3-17-2015), lumbar spine EMG and NCV studies on (1-13-2015) consistent with motor impingement and lumbar spine probable radiculopathy with marked denervation and clinical foot drop. Treatment to date has included diagnostic studies, radiographic imaging, electrodiagnostic studies, surgical intervention of the lumbar spine, medications and work restrictions. Currently, the injured worker continues to report neck pain, bilateral shoulder pain and low back pain with pain radiating to the bilateral lower extremities. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. Evaluation on May 22, 2014, revealed his status was totally temporarily disabled. Evaluation on July 10, 2015, revealed continued pain as noted. It was noted there was tenderness to palpation of the cervical spine, bilateral shoulders and lumbar spine. It was noted the shoulders had painful and decreased range of motion. Evaluation on July 29, 2015, revealed continued pain as noted rated at 7-9 on a 1-10 scale with 10 being the worst. It was noted she was status post left

suprascapular nerve block on February 24, 2015 with no overall improvement. She noted Toradol injections help for 2 weeks. It was noted Toradol injection was administered on July 29, 2015. Evaluation on August 26, 2015, revealed continued pain rated at 7 with medications and 10 on a 1-10 scale with 10 being the worst without medications. It was noted she reported gastrointestinal upset and constipation. She noted the pain had recently worsened. The RFA included requests for 1 prescription of Percocet 10/325mg #120 that was modified and 1 prescription of Ambien 10mg #30, 1 prescription of Oxycontin 20mg #60 and Toradol 60mg IM Injection that were non-certified on the utilization review (UR) on September 1, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325mg #120: 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, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if ; "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose."The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Percocet 10/325 is not-medically necessary.

1 prescription of Oxycontin 20mg #60: 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 for chronic pain, Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved

functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose."The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Oxycontin 20mg is not-medically necessary.

1 prescription of Ambien 10mg #30: 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) Sleep & Mental Illness, Ambien.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "Zolpidem is not recommended for long-term use."The clinical records submitted do support the fact that this patient has a remote history of insomnia. However, the records do not support the long term use of this medication for that indication. Specifically, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia. Since ODG does not recommend Ambien for long term use, the medication is not indicated. Therefore, based on the submitted medical documentation, the request for Ambien is not-medically necessary.

Toradol 60mg IM Injection: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Ketorolac tromethamine (name brand Toradol) is an NSAID in the family of heterocyclic acetic acid derivatives, which is used as an acute analgesic. The California MTUS Chronic Pain Medical Treatment Guidelines state that toradol is "not indicated for minor or chronic painful conditions." Within the documentation available for review, there is no indication that Toradol is being used to treat something other than a chronic painful condition. Furthermore, NSAIDs are associated with Type V ulcer formation. This patient has complained of chronic gastrointestinal upset. Continued NSAID therapy is not recommended. Therefore, based on the submitted medical documentation, the request for Toradol is not medically necessary.