

Case Number:	CM15-0184466		
Date Assigned:	09/24/2015	Date of Injury:	01/17/2014
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on 1-17-2014. The injured worker was diagnosed as having lumbosacral and cervical strain, herniated nucleus pulposus C5-6, status post ACDF on 1-22-2015, sacral mass, status post fusion L5-S1, and swan neck deformity left fourth digit, probable tendon injury, status post-surgery 6-2014. Treatment to date has included diagnostics, cervical and lumbar spinal surgeries, and medications. Currently (8-10-2015), the injured worker complains of neck and low back pain "slightly worse", rated 6 out of 10. She reported low back pain rated 5 out of 10 with medications and 7 without (rated 7 with medications and 8 without on 6-01-2015, noting Toradol injection administered, and 5 with medications and 7 without on 6-29-2015). She reported increasing depression due to pain and was interested in seeing a psychologist. She was weaning from Norco as tolerated. She was having insomnia due to pain, but this was "improved" with sleep medication. Objective findings included "normal" reflex, sensory and power testing to bilateral upper and lower extremities. Minimal cervical and lumbar tenderness with spasms was noted. Cervical and lumbar range of motion was "decreased 20%". Her left fourth digit had "decreased" range of motion and was painful to palpation. Cervical incision was clean and dry. X-rays of the cervical spine (8-10-2015) were documented as showing "s-p ACDF C5-6, stable" and x-rays of the lumbar spine (5-04-2015) showed "s-p ALDF L5-S1, appears solid". X-rays of the left hand (3- 31-2015) showed "WNL". She received a Toradol injection intramuscularly (60mg) and medications were refilled and dispensed, noting Naproxen 550mg #90 and Quazepam 15mg #30. Naproxen was prescribed since at least 7-2015 and Doral

since at least 5-04-2015. It was documented that medications decreased pain by approximately 2-3 points on the pain scale and allowed improved activities of daily living, including ambulation, use of the bathroom, self-care, cooking, and cleaning. Her work status was total temporary disability. On 8-18-2015, Utilization Review non-certified the Toradol injection, modified Anaprox 550mg to #60, and modified Doral 15mg to #19.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 8/10/15) Toradol 60mg IM Injection QTY 1: 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, specific drug list & adverse effects.

Decision rationale: The California chronic pain medical treatment guidelines section on Ketorolac states: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Per the ODG: Only recommended for short-term in management of moderately severe acute pain that requires analgesia at the opioid level. In this case, the documentation does not indicate acute pain treatment but rather than the treatment of a chronic pain condition. In the absence of acute pain treatment, the medication is not indicated per the California MTUS and the ODG. Therefore the request is not medically necessary.

Retro (DOS 8/10/15) Anaprox DS 550mg tablets #90: Overturned

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).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain

or function. (Chen, 2008) (Laine, 2008) 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. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. 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. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.

Retro (DOS 8/10/15) Doral 15mg tablets #30: 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: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason the request is not medically necessary.