

Case Number:	CM15-0204402		
Date Assigned:	10/21/2015	Date of Injury:	07/07/2006
Decision Date:	12/03/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 7-7-2006. A review of the medical records indicates that the injured worker is undergoing treatment for failed lumbar back surgery syndrome, lumbar radiculopathy, and status post fusion of the lumbar spine, iatrogenic opioid dependency, status post intrathecal pump implant, and failed status post spinal cord stimulator. On 8-24-2015, the injured worker reported low back pain that radiated down the bilateral lower extremities unchanged since the previous visit rated 5 out of 10 on average since the previous visit with medications and 8-9 out of 10 on average without medications since the previous visit, with frequent severe nausea. The Treating Physician's report dated 8-24-2015, noted the injured worker reported ongoing activities of daily living (ADLs) limitations due to pain. The injured worker was noted to be status post permanent placement of an intrathecal drug administration system reported 60% overall improvement with functional improvement. The time until pain relief was approximately one and a half hours, with pain relief from each medication dose lasted for two hours with functional improvement in the ability to attend church, bathing, and combing-washing hair. The injured worker was noted to attempt to wean opiate usage with severe pain and decreased function with prior Norco reduction to twice a day, with the injured worker requesting to return to three times a day. A 5-18-2015 CURES report was noted to have no inconsistencies. The physical examination was noted to show the lumbar spine with spasm, tenderness upon palpation in the spinal vertebral area L4-S1 levels with myofascial trigger points with twitch response noted in the paraspinal muscles bilaterally. The lumbar spine range of motion (ROM) was noted to be moderately limited due to pain, with decreased strength in the right lower extremity. A comprehensive metabolic panel (CMP) was noted to be within normal limits. The injured worker was given a

Toradol injection with B12 for the acute increase in pain. The Physician noted limited response to acupuncture, epidural steroid injection (ESI), lumbar surgery and medications. The treatment plan was noted to include authorization appeals for aqua pool therapy, and continuation of medications including Ibuprofen, Lyrica, Norco, prescribed since at least 7-25-2014, Tizanidine, prescribed since at least 7-25-2014, Compazine, and Venlafaxine. The injured worker's work status was noted to be permanent and stationary, currently not working. The request for authorization was noted to have requested Norco 10-325mg #80, Tizanidine 4mg #30, and one injection of Toradol 60mg with B12 1000mcg. The Utilization Review (UR) dated 9-25-2015, modified the request for Norco 10- 325mg #80 to certify #45 with the remaining #35 non-certified, and non-certified the requests for Tizanidine 4mg #30, and one injection of Toradol 60mg with B12 1000mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment.

Decision rationale: Review indicates the request for Norco prescribed since at least July 2014 was modified for #45 for weaning purposes. A 5-18-2015 CURES report was noted to have no inconsistencies without change in medication profile for this P&S chronic 2006 injury. The patient remained not working. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg, #80 is not medically necessary and appropriate.

Tizanidine 4mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical

Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic P&S 2006 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety.

Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive clinical deficits, acute flare-up or new injury to support for its long-term use, prescribed since at least July 2014. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Tizanidine 4mg, #30 is not medically necessary and appropriate.

1 Injection of Toradol 60mg, with B12 1000mcg: 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin B, page 865.

Decision rationale: Toradol, a non-steroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Toradol has a "Boxed Warning" as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications to include Ibuprofen, another NSAID. Submitted report has no documented medical indication as to concurrent use for this injection along with oral NSAID Ibuprofen which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Toradol injection for chronic pain without demonstrated acute flare-up or new injury for this chronic 2006 injury. ODG states under Pain Chapter, Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Submitted reports have not demonstrated support for this Vitamin B12 injection supplement outside guidelines criteria. Submitted reports have not demonstrated functional improvement from treatment previously rendered. The 1 Injection of Toradol 60mg, with B12 1000mcg is not medically necessary and appropriate.