

<b>Case Number:</b>	CM15-0025933		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/30/2007
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 45 year old male with an industrial injury date of 04/30/2007. The mechanism of injury is described as a motor vehicle accident. He states he was hit on the driver side and developed severe pain in the region of the lower back and cervical spine. He presents on December 10, 2014 with complaints of low back pain radiating down the right lower extremity. He reports 60% improvement due to medications and sleep aid medications with medications and 6/10 without medications. The pain score was reported at 3/10. Spasms were noted in the lumbar spine with tenderness to palpation. Range of motion was moderately limited. Injection of Toradol was administered at the office. Prior treatments include chiropractic, epidural injections, physical therapy, surgeries and medications. The medications listed are Lyrica, Lunesta, cyclobenzaprine, Norco, Nucynta and medical Marijuana. The past surgery history is significant for L5-S1 fusion. Diagnoses included chronic pain syndrome, failed back surgery syndrome, status post fusion of lumbar spine, lumbar spinal stenosis, medication related dyspepsia. On 02/05/2015 utilization review issued the following decisions: The request for 2 trigger point injections 3 cc 0.25% Bupivacaine for lumbar pain was non-certified. MTUS was cited. Toradol injection 60 mg with B 12 100 mcg was non-certified. MTUS/ODG was cited. Hydrocodone/Acetaminophen 10/325 mg # 80 was non-certified. MTUS was cited. Naloxone 2 ml/2 ml syringe # 1 was non-certified. MTUS was cited. Nucynta 100 mg # 60 was non-certified. ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 trigger point injection 3cc 0.25% Bupivacaine for lumbar pain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic), Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized in the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. The records indicate that the patient was diagnosed with lumbar radiculopathy and failed back syndrome. The patient had completed caudal and transforaminal epidural steroid injections. The guidelines recommend trigger points injections for the treatment of tender palpable taut muscle spasm not for lumbar radiculopathy. The records did not show the diagnosis of tender taut muscle spasm. The criteria for 2 trigger points injections 3cc of 0.25% bupivacaine for lumbar pain was not met.

**Toradol injection 60mg with B12 1000mcg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol), see NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines: Vitamin B.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDS.

**Decision rationale:** The CA MTUS and the ODG guidelines do not recommend the routine use of Toradol injections for the treatment of chronic musculoskeletal pain. Injectable NSAIDs can be utilized in acute care and peri-operative setting for the treatment of severe pain states. The records indicate that the patient was administered Toradol injections routinely in the Clinic when the pain scores was reported as 3-6/10 on a 0 to 10 scale. The frequent use of injectable NSAIDs is associated with increased risk of NSAIDs associated adverse effects and bleeding disorder. There is no documentation of vitamin B 12 deficiency disorder. The criteria for Toradol injection 60mg with B12 1000mcg was not met.

**Hydrocodone/Acetaminophen 10/325mg #80: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-97, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal disorder that did not respond to NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with sedative medications. The records indicate that the patient is utilizing multiple opioids and sedative medications. There is concurrent utilization of Naloxone for the treatment of opioid induced adverse effects. The reduction in opioid medications dosage will decrease the incidence of adverse effects and eliminate the requirement for Naloxone. The criteria for the use of Norco 10/325mg #80 was not met.

**Naloxone 2mg/2ml syringe #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naloxone (Narcan).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal disorder that did not respond to NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with sedative medications. The records indicate that the patient is utilizing multiple opioids and sedative medications. There is concurrent utilization of Naloxone for the treatment of opioid induced adverse effects. The reduction in opioid medications dosage will decrease the incidence of adverse effects and eliminate the requirement for Naloxone injections. The criteria for the use of Naloxone 2mg/2ml syringe #1 was not met.

**Nucynta 100mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal disorder that did not respond to NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency,

addiction, opioid induced hyperalgesia, sedation and adverse interaction with sedative medications. The records indicate that the patient is utilizing multiple opioids and sedative medications. There is concurrent utilization of Naloxone for the treatment of opioid induced adverse effects. The reduction in opioid medications dosage will decrease the incidence of adverse effects and eliminate the requirement for Naloxone. The use of Nucynta is associated with decreased risk of opioid induced adverse effects than pure opioid agonist. The criteria for the use of Nucynta 100mg #60 was met.