

Case Number:	CM15-0219657		
Date Assigned:	11/12/2015	Date of Injury:	10/27/1999
Decision Date:	12/29/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/09/2015

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:

This injured worker is a 60 year old male who reported an industrial injury on 10-27-1999. His diagnoses, and or impressions, were noted to include: right lumbar radiculopathy with falls, status-post multiple-level lumbar fusions; headaches associated with photophobia, left hemi-cranial, noise sensitivity, and migrainoid features - mixed headache syndrome; sympathetically medicated pain; thoracic compression fracture with multi-level thoracic disc disease; lumbar facet syndrome; and therapeutic opioid use. No imaging studies were noted. His treatments were noted to include: spinal cord stimulator; cervical trigger point injections; medication management; and rest from work. The progress notes 9-22-2015 reported: continued lower back pain, rated 6-8 out of 10; improved right leg-toe pain, rated 4 out of 10; numbness in the right foot; neck pain rated 4-8 out of 10; a return of constant headaches; and that he was using nothing for pain. The objective findings were noted to include: bilateral cervical restriction of 50%; lumbar extension at 25% of normal; a grayish right foot; decreased right foot plantar-flexion strength; much worsening lumbar pain coming from the facet joints; and that he gave the injured worker a Toradol 60 mg intra-muscular injection in the right upper-outer quadrant of the buttock; and an intravenous RAC 23 gauge BF, 5 cc 1% Lidocaine and 20 cc Myer's solution, without adversity with 15 minutes of observation, and reducing his pain by 55%. The physician's requests for treatment were noted to include: a Toradol 60 mg intra-muscular injection in the right upper-outer quadrant of the buttock; and an intravenous RAC 23 gauge BF, 5 cc 1% Lidocaine and 20 cc Myer's solution, without adversity with 15 minutes of observation. The Utilization Review of 11-2-2015 non-certified the request for Hydrocodone 10-325 mg, #120; a

Toradol 60 mg intramuscular injection; and intravenous RAC 23 gauge, BF 5 cc 1% Lidocaine, and 20 cc Myer's solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 10/22/15 with lower back pain rated 7-8/10, right leg pain rated 4/10 with associated numbness in the right foot. The patient's date of injury is 10/27/99. Patient is status post multiple lumbar fusion surgeries at unspecified levels. The request is for Hydrocodone 10/325mg #120. The RFA is dated 10/26/15. Physical examination dated 10/22/15 reveals 50 percent restriction in cervical range of motion, 20% of normal lumbar range of motion, a "grayish" right foot, and decreased right foot strength on plantar flexion. The patient is currently prescribed Naproxen and Trazodone. Patient is currently classified as permanent and stationary. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the re-initiation of Norco for the management of this patient's chronic pain, the request is not supported per MTUS. Progress note dated 10/22/15 notes that this patient is not currently taking a narcotic medication for pain. It is revealed in the documentation that this patient has had some compliance issues in the past, and was previously prescribed Suboxone as an alternative owing to multiple inconsistent drug screenings. Per provider letter to CID management dated 11/04/12, the provider states: "I am responding to a request for further information relevant to my intention to place the above named patient on Suboxone. I am doing this because [REDACTED] [REDACTED] 2 recent urine tox screens have come back negative for the LA for of Morphine that he has been taking." MTUS guidelines require consistent urine drug screening, and a stated lack of aberrant behavior to substantiate chronic opiate use. In this case, it is not clear why the provider would seek to re- initiate previously weaned narcotic medications following several "red flags" of aberrant behavior, such as multiple inconsistent urine toxicology screenings. The patient presents on 10/22/15 with chronic pain complaints nearly identical to previous progress

reports, with no documentation of any specific re-injury or significant exacerbation of his symptoms to warrant narcotic medications. Given these factors, the re-initiation of narcotic medications is not an appropriate measure cannot be substantiated. The request is not medically necessary.

Toradol 60 mg IM injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, pages 118-122.

Decision rationale: The patient presents on 10/22/15 with lower back pain rated 7-8/10, right leg pain rated 4/10 with associated numbness in the right foot. The patient's date of injury is 10/27/99. Patient is status post multiple lumbar fusion surgeries at unspecified levels. The request is for TORADOL 60mg IM injection. The RFA is dated 10/26/15. Physical examination dated 10/22/15 reveals 50 percent restriction in cervical range of motion, 20% of normal lumbar range of motion, a "grayish" right foot, and decreased right foot strength on plantar flexion. The patient is currently prescribed Naproxen and Trazodone. Patient is currently classified as permanent and stationary. MTUS Guidelines, NSAIDs, specific drug list & adverse effects Section, page 72, regarding Toradol states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, pages 118-122, "Intramuscular Ketorolac vs. oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. In regard to the request for an IM injection containing Toradol for this patient's chronic pain, such injections are not indicated for chronic pain conditions and there is no discussion of acute flare-up for which IM Toradol could be considered appropriate. Per the records provided, the patient regularly presents with pain rated 4-8/10 and described as constant. Per the records provided, this patient also received an IM Toradol injection on 08/25/15, and again on 10/22/15 (the request currently under review). In the absence of evidence of acute flare-ups or re-injury for which the use of IM Toradol is considered an option, the requested injection is not supported by guidelines and cannot be substantiated. The request is not medically necessary.

One (1) IV RAC 23 gauge BF 5cc 1% lidocaine and 20 cc Myer's solution: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Alternative Complement Med. 2009 Mar; 15 (3): 247-257.

Decision rationale: The patient presents on 10/22/15 with lower back pain rated 7-8/10, right leg pain rated 4/10 with associated numbness in the right foot. The patient's date of injury is 10/27/99. Patient is status post multiple lumbar fusion surgeries at unspecified levels. The request is for One (1) IV RAC 23 gauge BF 5CC 1% lidocaine and 20cc Myer's solution. The RFA is dated 10/26/15. Physical examination dated 10/22/15 reveals 50 percent restriction in cervical range of motion, 20% of normal lumbar range of motion, a "grayish" right foot, and decreased right foot strength on plantar flexion. The patient is currently prescribed Naproxen and Trazodone. Patient is currently classified as permanent and stationary. Myer's solution is a mixture containing magnesium, calcium, B vitamins, and Vitamin C. While MTUS and ODG do not discuss intravenous Lidocaine and Myer's solution infusions, a study in the Journal of Alternative Complement Med. 2009 Mar; 15 (3): 247-257 titled Intravenous Micronutrient Therapy (Myers' Cocktail) for Fibromyalgia: A Placebo-Controlled Pilot Study has the following: "Intravenous micronutrient therapy (IVMT), and specifically the Myers' Cocktail, is a popular approach for treating fibromyalgia syndrome (FMS) among complementary and alternative medicine practitioners, but its efficacy is uncertain... This pilot study, the first controlled trial of IVMT for fibromyalgia, demonstrated feasibility and safety of testing an intravenous vitamin solution in a randomized, controlled trial. All outcome measures improved at the end of the 8-week treatment period, both in intervention and placebo groups. At 12 weeks, 4 weeks after treatment had ceased, some but not all of the apparent treatment benefits had abated...In conclusion, this pilot study established the safety and feasibility of treating FMS with IVMT. No significant differences in outcome measures between IVMT and placebo were demonstrated. Preliminary data regarding the efficacy of IVMT show a strong placebo effect, with both intervention and placebo groups experiencing strong symptomatic relief after 8 weeks of treatment. The efficacy of IVMT relative to placebo remains uncertain." In this case, the request appears to be retrospective for an infusion of Lidocaine + Myer's solution performed point of care during the office visit on 10/22/15. The records provided reveal that this patient receives identical infusions with almost every office visit, though efficacy is not discussed in the subsequent reports and it is unclear how these impact this patient's overall condition. While MTUS and ODG do not discuss such treatment modalities, based on the literature available for review, such micro-nutrient infusions have no proven efficacy in clinical trials, and the preliminary data shows a strong placebo effect, rather than any statistically significant improvement in patient outcomes. While the provider feels as though this is an effective treatment for this patient, without firm support from scientific literature or relevant medical guidelines, such infusions cannot be substantiated as a clinically appropriate measure. Therefore, the request is not medically necessary.