

<b>Case Number:</b>	CM15-0055902		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: New York

Certification(s)/Specialty: Emergency Medicine

### 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 43 year old female has reported neck and extremity pain after an injury on 12/01/2004. The reports do not describe the mechanism of injury. The diagnoses included cervical disc protrusion, right upper extremity radiculopathy, left wrist pain with neuritis, bilateral carpal tunnel syndrome, bilateral carpal tunnel releases, abdominal pain, and depression. The injured worker has been treated with medications, surgery, injections, and physical therapy. Reports from 2011-2015 show chronic prescribing of naproxen or diclofenac, zolpidem, hydrocodone, and tramadol. The treating physician reports reflect ongoing neck and extremity pain. Medications as a group are reported to be helping. She is not working per reports in 2014-2015. No reports discuss the specific results of using any medication. There is no current work status described. In December 2013 there was severe pain associated with work activity, and the injured worker was stated to be working regular duty. Physical therapy was prescribed at that time, along with all of the other chronic medications, including those now under Independent Medical Review. A drug test in 2011 was negative for the prescribed hydrocodone. This result was not addressed by the physician. On 2/13/2015 the treating provider noted ongoing neck and extremity pain. The treatment plan included Toradol injection, Vitamin B12 injection, physical therapy for the neck, Norco, Diclofenac XR, Tramadol ER and Zolpidem. The injections were given at the office visit and requested on a periodic and ongoing basis. There was no discussion of the specific results for any single medication. No blood pressure or pulse were measured. On 3/2/15 Utilization Review non-certified Toradol, B12, physical therapy, Norco, diclofenac, tramadol, and zolpidem. The MTUS and the Official Disability Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Intramuscular injection of Toradol as needed but no more than one every month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ketorolac (Toradol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA prescribing information for Toradol: Concomitant Use With NSAIDs Toradol is Contraindicated.

**Decision rationale:** Per the manufacturer, Toradol is indicated for the short-term (less than or equal to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, usually in a post-operative setting. The manufacturer states that Toradol is contraindicated in patients currently receiving ASA or NSAIDs because of the cumulative risk of inducing serious NSAID-related adverse events. The manufacturer and the MTUS state that Toradol is Not indicated for chronic painful conditions. This patient has had pain for years, and thus has chronic pain. Per the FDA prescribing information for Toradol, concomitant use with NSAIDs is contraindicated because because of the cumulative risk of inducing serious NSAID-related side effects. This patient is regularly taking NSAIDs. Toradol should be contraindicated for this reason alone. Toradol injection is not medically necessary based on the MTUS and contraindications listed by the manufacturer.

**Intramuscular injection of Vitamin B12 complex as needed but no more than one every month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Vitamin B.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Pain section and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Chronic Pain update, 2008, page 137: 1. Recommendation: Vitamins for Chronic Low Back and Other Chronic Pain.

**Decision rationale:** The MTUS does not provide direction for the use of Vitamin B12. The treating physician has provided no evidence of a Vitamin B12 deficiency or any other specific indication for vitamin replacement. The Official Disability Guidelines citation above recommends against Vitamin B12 for chronic pain. The ACOEM update cited above recommends against vitamin supplementation unless there is a documented deficiency, which there is not in this case. The Vitamin B12 therefore is not medically necessary.

**Physical therapy, six visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. No modalities were listed. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The treating physician has stated that the current physical therapy prescription is for treating pain. No other reason is given. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. No physician reports outline a specific need for Physical Medicine other than pain. There are no functional goals. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for physical therapy in cases of chronic pain is not sufficient. Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and lack of a sufficient prescription.

**Norco 10/325mg one BID prn #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker is not working and thus fails the return-to-work criterion for opioids in the MTUS. The physician does not address specific work abilities, which represents an inadequate focus on functional

improvement. There is no evidence that the treating physician has utilized a treatment plan Not using opioids, and that the patient has failed a trial of non-opioid analgesics. Opioids have been prescribed since at least 2011. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is only one record of a drug screen, the one from 2011, which the injured worker failed. That result was never addressed and opioid prescribing continued without change after that. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Diclofenac XR 100mg one QD #30 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. In spite of that, NSAIDs have been prescribed for years. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Diclofenac has an elevated cardiovascular risk compared to other NSAIDs as well as a risk of liver toxicity. The treating physician has not addressed these risks. The treating physician is giving Toradol along with oral NSAIDs, which is contraindicated. The MTUS does not recommend chronic NSAIDs for low back pain. The MTUS states that NSAIDs for arthritis are Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long-term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. This NSAID is not medically necessary based on the MTUS recommendations, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

**Tramadol ER 150mg one to two QD #60 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Tramadol (Ultram) Page(s): 77-81, 94, 80, 81, 60, 94, 113.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker is not working and thus fails the return-to-work criterion for opioids in the MTUS. The physician does not address specific work abilities, which represents an inadequate focus on functional improvement. There is no evidence that the treating physician has utilized a treatment plan Not using opioids, and that the patient has failed a trial of non-opioid analgesics. Opioids have been prescribed since at least 2011. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is only one record of a drug screen, the one from 2011, which the injured worker failed. That result was never addressed and opioid prescribing continued without change after that. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Zolpidem 10mg one QHS prn #30 x 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short-term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. Prescribing in this case meets none of the guideline recommendations. The reports do not show specific and significant benefit of zolpidem over time; the reports do not discuss the specific results of using zolpidem. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.