MAXIMUS Federal Services

Case Number:	CM14-0183038		
Date Assigned:	11/07/2014	Date of Injury:	05/17/2014
Decision Date:	12/16/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for low back pain reportedly associated with an industrial injury of May 17, 2014. In a Utilization Review Report dated October 11, 2014, the claims administrator denied a Toradol-vitamin B12 injection, partially approved OxyContin, approved Percocet, and denied trazodone. The claims administrator suggested that the applicant had not benefited through ongoing usage of OxyContin and further suggested that the applicant was using approximately 150 morphine equivalents daily. The applicant's attorney subsequently appealed. In a September 30, 2014 progress note, the applicant reported ongoing complaints of low back and neck pain with radiation of pain to the bilateral upper extremities and right lower extremity. Pain level of 8/10 with medications was appreciated, versus 10/10 without medications. The applicant was reporting derivative complaints of dyspepsia and reflux. The applicant was pending left shoulder surgery. The applicant was having difficulty performing self-care, personal hygiene, and sleeping, it was noted, owing to ongoing pain complaints. The applicant was given a combination vitamin B12-Toradol injection. It was acknowledged that the applicant was not working. OxyContin, Percocet, and trazodone were apparently endorsed. It was suggested that trazodone was being employed for chronic insomnia purposes and/or as an adjuvant medication for pain. It was stated that the applicant was, overall, worsened on this dated. In an earlier note dated September 23, 2014, the applicant reported ongoing complaints of low back pain, neck pain, and bilateral shoulder pain, reportedly worsened since the last visit. Ancillary complaints of headaches were also noted. The applicant had electrodiagnostically confirmed radiculopathy, it was noted. A spine surgery consultation was sought. The applicant had previously been given a vitamin B12-Toradol injection on August 24, 2014, it was further noted. Epidural steroid injection therapy was sought, along with left shoulder surgery. The applicant was again placed

off of work, on total temporary disability. In an earlier note dated September 9, 2014, the applicant again reported 8/10 with medications versus 10/10 pain without medications. The applicant's pain was exacerbated by standing, walking, bending, twisting, turning, pushing, and pulling, it was noted. Percocet, trazodone, and OxyContin were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 injection of Toradol 60mg with B12 100mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol Page(s): 72. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Vitamin section

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac/oral Toradol is not indicated for chronic or minor painful conditions. Here, there was no clear or compelling evidence that the applicant was in fact, experiencing a significant flare or deterioration of symptoms on or around the date in question, September 30, 2014. It appeared, thus, that Toradol, was, in fact, administered for chronic low back pain issues as opposed to for any acute flare in pain. The Toradol component of the request, thus, cannot be supported in the clinical context present here. Similarly, the Third Edition ACOEM Guidelines note that vitamins are not recommended in the treatment of chronic pain absent a documented nutritional deficiency or documented nutritional deficit state. Here, however, there was no mention of the applicant's carrying a diagnosis of vitamin B12 deficiency. It was not readily evident why the Toradol injection was administered in conjunction with a vitamin B12 injection. Since both components of the injection cannot be supported, the Toradol 60 mg-vitamin B12 100 mcg injection is not medically necessary.

1 prescription of Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability. The applicant's self-reports of a reduction in pain scores from 10/10 without medications to 8/10 with medications appears to be marginal to negligible at best and is, furthermore, seemingly

outweighed by the applicant's continued difficulty performing activities of daily living as basic as sitting, standing, walking, pushing, pulling, etc., despite ongoing opioid therapy. All of the foregoing, taken together, does not make a compelling case for continuation of OxyContin. Therefore, the request is not medically necessary.

1 prescription of Trazodone 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain; Functional Restoration Approach to Chronic Pain Management Pag.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as trazodone are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work, on total temporary disability. Ongoing usage of trazodone does not appear to have curtailed the applicant's dependence on opioid agents such as OxyContin and Percocet, nor has ongoing trazodone usage appeared to have appreciably ameliorated the applicant's complaints of pain-induced insomnia. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of trazodone. Therefore, the request is not medically necessary.