

Case Number:	CM15-0010584		
Date Assigned:	01/28/2015	Date of Injury:	07/27/2004
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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 57 yera old female patient, who sustained an industrial injury on 07/27/2004. An orthopedic follow up dated 10/30/2014 reported a chief complaint severe of low back pain. Examination of the lumbar spine revealed a healed surgicla incision; spasm present and range of motion is resticted and painful. She is diagnosed with status post lumbar fusion, chronic lumbar strain and chronic low back pain. On 12/26/2014 Utilization Review non-certified a request for a trigger point injection to lumbar spine, noting the CA MTUS Chronic Pain Guidelines, Trigger Point Injection was cited. The injured worker submitted an applicaiton for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Insomnia treatment

Decision rationale: This patient presents with chronic low back pain. The current request is for RESTORIL 30MG #30. The ODG Guidelines has the following regarding insomnia treatments: "Benzodiazepines: temazepam (Restoril) is FDA-approved for sleep onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor antagonists; however, the less desirable side-effect profile limits their use as a first-line agent particularly for long-term use." The medical records indicate the patient has been utilizing Restoril since at least 6/26/14. In this case, there is no discussion regarding insomnia. Furthermore, recommendation cannot be made as Restoril is not recommended for long-term use. The requested medication IS NOT medically necessary.

Toradol 60mg # 3 cc Marcaine trigger injection to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol: Ketorolac (Toradol, generic available) Page(s): 72.

Decision rationale: This patient presents with chronic low back pain. The current request is for TORADOL 60MG #3 CC MARCAINE TRIGGER INJECTON TO LUMBAR SPINE. The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of reports does not show any discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol 5, 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 this case, the treating physician has not documented that the current injection request is for an acute episode of pain and there is no documentation provided indicating the rationale for this injection. This request IS NOT medically necessary.