

Case Number:	CM15-0115268		
Date Assigned:	06/23/2015	Date of Injury:	12/27/2000
Decision Date:	09/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/15/2015

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:

December 27, 2000. The injured worker previously received the following treatments intramuscular Toradol injection, Ambien, Zantac, Tylenol #3, Gabapentin and Cyclobenzaprine. The injured worker was diagnosed with cervical spinal pain, cervical spine discopathy, multilevel lumbar discopathy, morbid obesity and diabetes. According to progress note of March 25, 2015, the injured worker's chief complaint was neck and severe low back pain with radiation to the lower extremities. The back pain was rated at 8 out of 10. The neck pain was rated at 7-8 out of 10 with radiation of the bilateral trapezius muscles. There were complaints of bilateral hand pain and bilateral foot pain. The injured worker reported the mediations help with the pain. The injured worker denied heartburn. The physical exam noted the injured worker ambulated with a normal gait. The toe to heel walk was intact. There was painful cervical extension. Head compression sign was mildly positive. There was extremity tightness in the levator scapula musculature. There was a knot of muscle in a trigger area along the medial trapezius and at the levator scapula of the shoulder blade. The shoulder retraction produced discomfort. Manual traction did provide a slight amount of relief. Rotation of the head and neck bilaterally produced significant pain at only 30 degrees of rotation. The cervical flexion was limited to 25 degrees with pain. The motor power of the remainder upper extremities except the shoulder was intact. There was tenderness with palpation of sacroiliac. There was pain in the lower lumbar midline and paraspinous musculature. There was a mild amount of muscle spasms on forward flexion. Extension was limited to 10 degrees on stress of the pelvis. There was

tenderness along the sacroiliac joint. The treatment plan included prescriptions for Tylenol #3, Gabapentin and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tylenol #3 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 03/25/15 with severe lower back pain rated 8/10, neck pain rated 7-8/10, which radiates into the bilateral trapezius muscles, bilateral shoulder pain rated 7-8/10, bilateral hand pain rated 8/10, bilateral foot pain rated 8/10. The patient's date of injury is 12/27/00. Patient has no documented surgical history directed at these complaints. The request is for pharmacy purchase of Tylenol #3 #60. The RFA is dated 03/25/15. Physical examination dated 03/25/15 reveals painful cervican extension, mildly positive cervical compression test, tightness in the levator scapulae musculature, a "knot" of muscle in a trigger area along the medial trapezius and decreased/painful cervical range of motion in all planes. Lumbar spine examination reveals tenderness to palpation of the sacrum, bilateral sacroiliac joints, and a mild amount of spasm on forward flexion. The patient's current medication regimen is not provided, per the provider: "UR has denied all medications for this patient." Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not currently working. MTUS Guidelines pages 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's -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. In regard to the request for Tylenol 3 for this patient's chronic pain, the treating physician has not provided adequate documentation of a lack of drug-abuse/diversion to substantiate continuation. This patient has been receiving Tylenol 3 since at least 11/05/14, though efficacy is not discussed in the subsequent reports. Additionally, a toxicology report dated 03/30/15 includes several inconsistent findings, namely the presence of Hydrocodone/Hydromorphone opiate metabolites, which are "not expected with prescribed medications." This toxicology report is also significant in that it lacks the presence of Codeine metabolites, which would be suspected given this patient's use of Tylenol 3. There is some indication that this patient has had difficulty obtaining medications, though it is not clear if she had recently taken Tylenol 3 prior to urine drug screening. While this patient presents with significant chronic pain complaints, MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, none of the 4A's criteria are adequately addressed and there is evidence that this patient is non-compliant with her medications and/or taking un-

prescribed narcotic medications. Owing to these factors and a lack of complete 4A's documentation as required by MTUS, the request is not medically necessary.

Pharmacy purchase of Gabapentin 600mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The patient presents on 03/25/15 with severe lower back pain rated 8/10, neck pain rated 7-8/10, which radiates into the bilateral trapezius muscles, bilateral shoulder pain rated 7-8/10, bilateral hand pain rated 8/10, bilateral foot pain rated 8/10. The patient's date of injury is 12/27/00. Patient has no documented surgical history directed at these complaints. The request is for pharmacy purchase of gabapentin 600mg #60. The RFA is dated 03/25/15. Physical examination dated 03/25/15 reveals painful cervical extension, mildly positive cervical compression test, tightness in the levator scapulae musculature, a "knot" of muscle in a trigger area along the medial trapezius and decreased/painful cervical range of motion in all planes. Lumbar spine examination reveals tenderness to palpation of the sacrum, bilateral sacroiliac joints, and a mild amount of spasm on forward flexion. The patient's current medication regimen is not provided, per the provider: "UR has denied all medications for this patient." Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not currently working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin - Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the continuation of Gabapentin for this patient's neuropathic pain, the request is appropriate. This patient has been prescribed Gabapentin since at least 09/24/14 for lower back with a radicular component. Addressing efficacy, progress reports dated 11/24/15 and 11/05/15 note that Gabapentin is helpful in resolving this patient's pain symptoms, though does not provide any specific examples of functional improvement. Given the documentation of efficacy, this patient's neuropathic pain, and the conservative nature of this medication, continuation is substantiated. The request is medically necessary.

Pharmacy purchase of Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 under Zolpidem.

Decision rationale: Patient has no documented surgical history directed at these complaints. The request is for pharmacy purchase of Ambien 10mg #30. The RFA is dated 03/25/15. Physical examination dated 03/25/15 reveals painful cervical extension, mildly positive cervical

compression test, tightness in the levator scapulae musculature, a "knot" of muscle in a trigger area along the medial trapezius and decreased/painful cervical range of motion in all planes. Lumbar spine examination reveals tenderness to palpation of the sacrum, bilateral sacroiliac joints, and a mild amount of spasm on forward flexion. The patient's current medication regimen is not provided, per the provider: "UR has denied all medications for this patient." Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not currently working. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. It is not clear how long this patient has been prescribed Ambien or to what effect. While this patient presents with significant chronic pain and associated insomnia, ODG does not support the use of this medication for longer than 7-10 days. The requested 30 tablets do not imply an intent to utilize this medication short-term. Therefore, the request is not medically necessary.

Pharmacy purchase of Zantac 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 69.

Decision rationale: The patient presents on 03/25/15 with severe lower back pain rated 8/10, neck pain rated 7-8/10, which radiates into the bilateral trapezius muscles, bilateral shoulder pain rated 7-8/10, bilateral hand pain rated 8/10, bilateral foot pain rated 8/10. The patient's date of injury is 12/27/00. Patient has no documented surgical history directed at these complaints. The request is for pharmacy purchase of Zantac 150MG #60. The RFA is dated 03/25/15. Physical examination dated 03/25/15 reveals painful cervican extension, mildly positive cervical compression test, tightness in the levator scapulae musculature, a "knot" of muscle in a trigger area along the medial trapezius and decreased/painful cervical range of motion in all planes. Lumbar spine examination reveals tenderness to palpation of the sacrum, bilateral sacroiliac joints, and a mild amount of spasm on forward flexion. The patient's current medication regimen is not provided, per the provider: "UR has denied all medications for this patient." Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not currently working. MTUS guidelines page 69 under NSAIDs, specific drug list & adverse effects recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65

years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS Guidelines page 69 state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In regard to the continuation of Zantac, an appropriate GI assessment or description of dyspepsia secondary to medication use has not been provided. This patient has been prescribed Zantac since at least 09/24/14, though efficacy is not addressed in the subsequent reports. Per 03/25/15 progress note, the provider states the following: "A prescription was provided for Zantac 150mg... for stomach protection." The progress note does not provide any specific discussion of GI complaints, and specifically notes that the patient denies heartburn. Without an appropriate GI assessment or condition, which would require GI prophylaxis, continuation of this medication cannot be substantiated. The request is not medically necessary.

Injection of Toradol site not indicated: Upheld

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

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

Decision rationale: The patient presents on 03/25/15 with severe lower back pain rated 8/10, neck pain rated 7-8/10, which radiates into the bilateral trapezius muscles, bilateral shoulder pain rated 7-8/10, bilateral hand pain rated 8/10, bilateral foot pain rated 8/10. The patient's date of injury is 12/27/00. Patient has no documented surgical history directed at these complaints. The request is for injection of Toradol site not indicated. The RFA is dated 03/25/15. Physical examination dated 03/25/15 reveals painful cervican extension, mildly positive cervical compression test, tightness in the levator scapulae musculature, a "knot" of muscle in a trigger area along the medial trapezius and decreased/painful cervical range of motion in all planes. Lumbar spine examination reveals tenderness to palpation of the sacrum, bilateral sacroiliac joints, and a mild amount of spasm on forward flexion. The patient's current medication regimen is not provided, per the provider: "UR has denied all medications for this patient." Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not currently working. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." 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 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. The records provided indicate that the provider regularly utilizes Toradol injections for this patient, noting their performance on 11/05/14 and 03/25/15. While this patient presents with significant pain complaints, IM Toradol is not recommended for chronic pain conditions. In the absence of evidence of acute flare-ups or injury, the requested injection is not supported by guidelines and cannot be substantiated. The request is not medically necessary.

Orthopedic re-evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127.

Decision rationale: The patient presents on 03/25/15 with severe lower back pain rated 8/10, neck pain rated 7-8/10 which radiates into the bilateral trapezius muscles, bilateral shoulder pain rated 7-8/10, bilateral hand pain rated 8/10, bilateral foot pain rated 8/10. The patient's date of injury is 12/27/00. Patient has no documented surgical history directed at these complaints. The request is for ORTHOPEDIC RE-EVALUATION. The RFA is dated 03/25/15. Physical examination dated 03/25/15 reveals painful cervican extension, mildly positive cervical compression test, tightness in the levator scapulae musculature, a "knot" of muscle in a trigger area along the medial trapezius and decreased/painful cervical range of motion in all planes. Lumbar spine examination reveals tenderness to palpation of the sacrum, bilateral sacroiliac joints, and a mild amount of spasm on forward flexion. The patient's current medication regimen is not provided, per the provider: "UR has denied all medications for this patient." Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not currently working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In regard to the consultation with an orthopedic specialist, the request is reasonable. This patient presents with chronic lower back pain which is largely unresolved by conservative measures and there is no evidence of any recent orthopedic consultation. Given these factors an orthopedic consultation could improve this patient's course of care, and ACOEM guidelines support that the treater is justified in seeking a specialist opinion on the matter. Therefore, the request IS medically necessary.