MAXIMUS Federal Services

Case Number:	CM15-0129174		
Date Assigned:	07/15/2015	Date of Injury:	11/27/2000
Decision Date:	08/25/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 27, 2000. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve requests for Gralise (gabapentin), Suboxone, a trigger point injection, and a Toradol injection. The applicant's attorney subsequently appealed. In a May 7, 2015 progress note, the applicant reported 10/10 low back pain. The applicant was using Suboxone for pain relief purpose, it was suggested. The attending provider stated that the applicant would be bedridden without his medications, including Suboxone. The attending provider posited that the applicant's ability to perform light household chores have been ameliorated as a result of ongoing Suboxone usage. Portions of the note were typewritten, while other portions of the progress note were handwritten and not altogether legible. The progress note was dated May 7, 2015 in one section of the note and June 7, 2015, in another section of the note. The applicant was also on Prozac, fluvoxamine, Desyrel, Lunesta, Rozerem, Lyrica, Ritalin, Lipitor, Lopressor, Toprol-XL, Nitrostat, theophylline, Seroquel, Prilosec, Suboxone, Motrin, and Abilify, it was reported. The applicant was given diagnosis of chronic pain syndrome versus chronic diskogenic pain syndrome versus myofascial pain syndrome. Trigger point injections and a Toradol injection were performed in the clinic. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The attending provider then stated in another section of the note that the applicant's pain scores were 10/10 without medications versus 8/10 with medications. In a historical note dated April 26, 2013, the applicant was described as having chronic diskogenic pain versus myofascial pain syndrome versus

chronic pain syndrome. The applicant had undergone earlier failed lumbar laminectomy surgery, it was reported. The applicant had derivative emotional issues, it was further noted. Butrans was discontinued on this date while Norco, Lyrica, and trazodone were renewed. Trigger point injections were performed in the clinic on this occasion. Once again, the applicant's work status was not reported. On June 27, 2013, the applicant was again given trigger point injections as well as a Toradol injection. On June 14, 2013, the applicant was, once again, given trigger point injections and a Toradol injection. Norco and Soma were renewed on that date. On May 4, 2015, it was reported that the applicant was leading a sedentary lifestyle. The applicant stated that he was unable to do household chores without help. The applicant was described as not currently working. The applicant's employment was described as "previous employment." The applicant had a history of problematic binge drinking, it was reported. The attending provider expressed concerns over the applicant's polypharmacy and suggested that the applicant enroll in a functional restoration program. On April 23, 2015, the applicant was again given trigger point injections as well as a Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: No, the request for Gralise (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was not working, as reported above. The applicant was leading an essentially sedentary lifestyle, it was suggested in 2015. Ongoing usage of gabapentin (Gralise) failed to curtail the applicant's dependence on opioid agents such as Suboxone and/or other forms of medical treatment seemingly including monthly trigger point injections and monthly Toradol injections. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Gralise (gabapentin). Therefore, the request was not medically necessary.

Unknown prescription of Suboxone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone); 7) When to Continue Opioids Page(s): 27; 80.

Decision rationale: Similarly, the request for Suboxone was likewise not medically necessary, medically appropriate, or indicated here. While page 27 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Suboxone is indicated in the treatment of opioid agonist dependence. Here, however, it appeared that the applicant was using Suboxone, a partial opioid agonist-antagonist, for chronic pain purposes. However, the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant failed to return to work, as acknowledged above. The attending provider failed to outline meaningful, material, or substantive improvements in function (if any) effected as a result of ongoing Suboxone usage. The attending provider's reports of May 7, 2015 and June 2, 2015 to the effect that the applicant was deriving a reduction in pain scores from 10/10 without medications to 8/10 with Suboxone was outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Suboxone usage. The attending provider's commentary to the effect that the applicant would be bedridden without his Suboxone did not constitute evidence of a meaningful, material, or substantive improvement in function achieved as a result of ongoing Suboxone usage. Therefore, the request was not medically necessary.

1 trigger point injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Similarly, the request for a trigger point injection was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a request for repeat trigger point injection. The applicant appeared to have received what amounted to monthly trigger point injections since mid-2013. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat trigger point injections should be predicated on evident of a lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, despite receipt of monthly trigger point injections. Ongoing usage of monthly trigger point injections failed to curtail the applicant's dependence on other forms of medical treatment, including opioid agents such as Suboxone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior trigger point injections over the course of the claim. Therefore, the request was not medically necessary.

1 Toradol injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed., pg 942: "[A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculo-skeletal LBP."

Decision rationale: Finally, the request for a Toradol (ketorolac) injection was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, thus, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does report a single dose of injectable Toradol as an alternative to a single moderate dose of opioid for applicants who present to the emergency department with severe musculoskeletal low back pain, here, however, the applicant presented in the clinic setting, as opposed to the emergency department setting. The applicant had, furthermore, been receiving what amounted to monthly ketorolac or Toradol injections since mid-2013, as suggested above. Usage of monthly Toradol injections on what amounted to a chronic or long-term basis for the applicant's ongoing low back pain complaints, thus, ran counter to principles set forth on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 942 of the Third Edition ACOEM Practice Guidelines Chronic Pain Chapter. Therefore, the request was not medically necessary.