

Case Number:	CM15-0172317		
Date Assigned:	09/23/2015	Date of Injury:	07/29/2000
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This is a 62 year old male with a date of injury on 7-29-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago and lumbosacral disc degeneration. Medical records (3-11-2015 to 8-4-2015) indicate ongoing low back pain, leg pain- sciatica and hip pain. The injured worker rated his pain with medications as seven out of ten on 3-11-2015, six out of ten from 4-14-2015 to 6-9-2015 and five out of ten on 8-4-2015. He reported being able to cook, do laundry, shop, bathe, dress and drive. He reported insomnia and fatigue. Per the treating physician (8-4-2015), the injured worker was permanently disabled. The physical exam (8-4-2015) revealed tenderness at the lumbar spine and at the facet joint. There was decreased flexion, decreased extension and decreased lateral bending. The injured worker has been prescribed Ambien and Norco since at least 12-17-2014. He was given Toradol injections at monthly office visits from 3-11-2015 to 8-4-2015. The original Utilization Review (UR) (8-31-2015) denied requests for Ambien and Toradol. Utilization Review modified a request for Norco 10-325mg from 200 to 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Zolpidem (Ambien).

Decision rationale: Based on the 08/04/15 progress report provided by treating physician, the patient presents with insomnia, fatigue, and pain to low back, hip and leg, rated 5/10 with medications. The request is for AMBIEN CR 12.5MG #30 WITH 1 REFILL. RFA with the request not provided. Patient's diagnosis on 08/04/15 includes lumbago, low back pain and long-RX use NEC. Physical examination on 08/04/15 revealed tenderness to the lumbar spine and the facet joints. Range of motion was decreased. Patient's medications include Norco, Ambien and Toradol intramuscular injections. The patient is permanently disabled, per 04/14/15 report. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine 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. (Feinberg, 2008)" Ambien has been included in patient's medications, per progress reports dated 12/17/14, 04/14/15, and 08/04/15. It is not known when this medication was initiated. The patient presents with insomnia. ODG recommends Ambien only for short-term use (7-10 days), due to negative side effect profile. In this case, the patient has been prescribed Ambien for at least 8 months from UR date of 08/31/15. Furthermore, the request for quantity 30 with one refill exceeds ODG indications. Therefore, the request is not medically necessary.

Norco 10/325mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/04/15 progress report provided by treating physician, the patient presents with insomnia, fatigue, and pain to low back, hip and leg, rated 5/10 with medications. The request is for NORCO 10/325MG #200. RFA with the request not provided. Patient's diagnosis on 08/04/15 includes lumbago, low back pain and long-RX use NEC. Physical examination on 08/04/15 revealed tenderness to the lumbar spine and the facet joints. Range of motion was decreased. Patient's medications include Norco, Ambien and Toradol intramuscular injections. The patient is permanently disabled, per 04/14/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale

or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 12/17/14, 04/14/15, and 08/04/15. It is not known when this medication was initiated. Per 08/04/15 report, treater states the patient is able to cook, do laundry, shop, bathe, dress and drive. UDS report dated 05/12/15 was positive for opiates. In this case, while the treater discusses some specific ADL's, it is not known that the patient would be unable to self-care based on the condition provided. There are no before and after analgesia and the 4A's have not been thoroughly discussed. MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Toradol 60mg/ 2ml, IM (intramuscular) solution, quantity: 2cc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain".

Decision rationale: Based on the 08/04/15 progress report provided by treating physician, the patient presents with insomnia, fatigue, and pain to low back, hip and leg, rated 5/10 with medications. The request is for TORADOL 60MG/ 2ML, IM (INTRAMUSCULAR) SOLUTION, QUANTITY: 2CC. RFA with the request not provided. Patient's diagnosis on 08/04/15 includes lumbago, low back pain and long-RX use NEC. Physical examination on 08/04/15 revealed tenderness to the lumbar spine and the facet joints. Range of motion was decreased. Patient's medications include Norco, Ambien and Toradol intramuscular injections. The patient is permanently disabled, per 04/14/15 report. MTUS, NSAIDs, specific drug list & adverse effects Section, page 72, regarding Toradol states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: 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. Treater has not provided reason for the request. RFA with the request not provided, either. The patient has been given Toradol injections at monthly office visits from 03/11/15 to 08/04/15. In this case, treater does not discuss why the patient needs Toradol injection as opposed to taking an oral NSAID, which provides comparable levels of analgesia. Additionally, MTUS does not recommend this medication for "minor or chronic pain." Provided medical records do not indicate that this injection is for an acute episode of pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.