

Case Number:	CM15-0093614		
Date Assigned:	05/21/2015	Date of Injury:	07/29/2000
Decision Date:	09/23/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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 62 year old male who sustained an industrial injury on 07/29/2000. The injured worker was diagnosed with lumbago, lumbar and lumbosacral degenerative disc disease. Treatment to date includes diagnostic testing, radiofrequency ablation, physical therapy, epidural steroid injections and medications. The injured worker has not had spinal surgery in the past. According to the primary treating physician's progress report on March 11, 2015, the injured worker continues to experience low back pain extending to both hips. The injured worker rates his pain level at 7/10 with medications. He also complains of constipation. Examination demonstrated the injured worker ambulates with a cane and there was tenderness to palpation at the lumbar spine, facet joint and decreased range of motion in all planes. The bilateral lower extremities were noted to have full strength with normal bulk and tone. Current medications are listed as Norco, Doxepin, Lyrica, Elavil, Ambien CR, Cyanocobalamin injections monthly, Toradol intramuscularly injections monthly and Amitriptyline-Tramadol-Lidocaine cream. Treatment plan consists of continuing with current medication regimen, increase fluids and samples of Senekot dispensed, physical therapy and lumbar epidural steroid injection with selective nerve root block at L4 and the current request for Adipex-P, Ambien CR, Amitriptyline-TL cream, Cyanocobalamin (Vitamin B-12) injection, Norco 10/325mg, and Toradol intramuscularly monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adipex-P 37.5mg #30 with two refills, 1 tablet po daily: 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 Aetna Weight Reduction Medications and Programs Number: 0039.

Decision rationale: The current request is for Adipex-P 37.5mg #30 with two refills, 1 tablet po daily. The RFA is dated 04/29/15. Treatment to date includes diagnostic testing, radiofrequency ablation, physical therapy, epidural steroid injections and medications. The patient is permanently disabled. Adipex-P (phentermine) is a stimulant similar to an amphetamine. Phentermine is an appetite suppressant that affects the central nervous system. The ACOEM, MTUS and ODG do not specifically discuss the medication. However, Aetna Weight Reduction Medications and Programs Number: 0039 states, "Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." Per report 03/25/15, the patient continues to experience low back pain extending to both hips. He rates his pain level at 6/10 with medications. He also complains of constipation. Examination revealed tenderness to palpation at the lumbar spine and facet joint with decreased range of motion in all planes. Current medications are listed as Norco, Doxepin, Lyrica, Elavil, Ambien CR, Cyanocobalamin injections (monthly), Toradol intramuscularly injections (monthly) and Amitriptyline-Tramadol- Lidocaine cream. The treater states that the patient weighs 217lbs and has requested a refill of Adipex. There is no evidence or statements demonstrating that the patient has failed to progress during 6 months of medically supervised weight loss, as required by AETNA guidelines. It is also unclear the duration of attempts to lose weight and the nature of the weight loss regimen, whether through diet, exercise, etc. Therefore, the request is not medically necessary.

Ambien CR 12.5mg extended release #30 with one refill, 1 tablet by mouth QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem.

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: The current request is for Ambien CR 12.5mg extended release #30 with one refill, 1 tablet by mouth QHS. The RFA is dated 04/29/15. Treatment to date includes diagnostic testing, radiofrequency ablation, physical therapy, epidural steroid injections and medications. The patient is permanently disabled. ODG-TWC, Pain (Chronic) Chapter, under Zolpidem (Ambien) 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)" Per report April 4, 2015, the patient continues to experience low back pain extending to both hips. He rates his pain level at 6/10 with medications. He also complains of constipation. Examination revealed tenderness to palpation at the lumbar spine and facet joint with decreased range of motion in all planes. Current medications are listed as Norco, Doxepin, Lyrica, Elavil, Ambien CR, Cyanocobalamin injections (monthly), Toradol intramuscularly injections (monthly) and Amitriptyline-Tramadol-Lidocaine cream. The treater has recommended a refill of Ambien, which the patient has been using since 11/18/14. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. The patient has been prescribed Ambien since 2014 and continued use is not in accordance with guidelines and cannot be warranted. This request is not medically necessary.

Amitriptyline-TL (5/15/2%) cream with 5 refills, apply twice a day: 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 Topical analgesics Page(s): 111.

Decision rationale: The current request is for Amitriptyline-TL (5/15/2%) cream with 5 refills, apply twice a day. The RFA is dated 04/29/15. Treatment to date includes diagnostic testing, radiofrequency ablation, physical therapy, epidural steroid injections and medications. The patient is permanently disabled. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Per report April 4, 2015, the patient continues to experience low back pain extending to both hips. He rates his pain level at 6/10 with medications. He also complains of constipation. Examination revealed tenderness to palpation at the lumbar spine and facet joint with decreased range of motion in all planes. Current medications are listed as Norco, Doxepin, Lyrica, Elavil, Ambien CR, Cyanocobalamin injections (monthly), Toradol intramuscularly injections (monthly) and Amitriptyline-Tramadol-Lidocaine cream. The treater has recommended a refill of the topical cream Amitriptyline-TL. In this case, MTUS specifically states that topical Lidocaine is not recommended in any other formulation than patches. This compound contains Lidocaine as a cream. The request is not medically necessary.

Cyanocobalamin (Vitamin B-12), 1,000 mcg/mL injection solution, 1 milliliter injection every month, 120 days, refill one: 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 Chapter, under Vitamin B.

Decision rationale: The current request is for Cyanocobalamin (Vitamin B-12), 1,000 mcg/mL injection solution, 1 milliliter injection every month. The RFA is dated 04/29/15. Treatment to date includes diagnostic testing, radiofrequency ablation, physical therapy, epidural steroid injections and medications. The patient is permanently disabled. MTUS or ACOEM does not discuss vitamin b-12. ODG, Pain Chapter, under Vitamin B states, "Not recommended for treatment of chronic pain. Vitamin B is frequently use for treating peripheral neuropathy, but its efficacy is not clear." ODG under the pain chapter further discusses B vitamins and vitamin B complex and states, "Not recommended for treatment of chronic pain unless this is associated with documented vitamin deficiency." Per report April 4, 2015, the patient continues to experience low back pain extending to both hips. He rates his pain level at 6/10 with medications. He also complains of constipation. Examination revealed tenderness to palpation at the lumbar spine and facet joint with decreased range of motion in all planes. Current medications are listed as Norco, Doxepin, Lyrica, Elavil, Ambien CR, Cyanocobalamin injections (monthly), Toradol intramuscularly injections (monthly) and Amitriptyline-Tramadol-Lidocaine cream. The treater has recommended a vitamin B12 injection. The patient has been receiving B12 injections since at least 01/27/15. There is no indication that this patient has a vitamin deficiency and ODG states that Vitamin B is not recommended for chronic pain. Therefore, the request is not medically necessary.

Norco 10/325mg #100 with one refill, 1-2 tablets every 4 hours: 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 Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Norco 10/325mg #100 with one refill, 1-2 tablets every 4 hours. The RFA is dated 04/29/15. Treatment to date includes diagnostic testing, radiofrequency ablation, physical therapy, epidural steroid injections and medications. The patient is permanently disabled. MTUS, CRITERIA FOR USE OF OPIOIDS, 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 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report April 4, 2015, the patient continues to experience low back pain extending to both hips. He rates his pain level at 6/10 with medications. He also complains of constipation. Examination revealed tenderness to palpation at the lumbar spine and facet joint with decreased range of motion in all planes. Current medications are listed as Norco, Doxepin, Lyrica, Elavil, Ambien CR, Cyanocobalamin injections (monthly), Toradol intramuscularly injections (monthly) and Amitriptyline-Tramadol-Lidocaine cream. The treater has recommended refill of Norco, which has been prescribed since at least 01/27/15. In regard to the continuation of Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. MTUS guidelines require documentation via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. The treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. No UDS, CURES or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request is not medically necessary.

Toradol 2cc/B12 1cc injection every month, for a total of 3cc: 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 current request is for Toradol 2cc/B12 1cc injection every month, for a total of 3cc. The RFA is dated 04/29/15. Treatment to date includes diagnostic testing, radiofrequency ablation, physical therapy, epidural steroid injections and medications. The patient is permanently disabled. MTUS under Ketorolac page 72 states, "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." Per report April 4, 2015, the patient continues to experience low back pain extending to both hips. He rates his pain level at 6/10 with medications. He also complains of constipation. Examination revealed tenderness to palpation at the lumbar spine and facet joint with decreased range of motion in all planes. Current medications are listed as Norco, Doxepin, Lyrica, Elavil, Ambien CR, Cyanocobalamin injections (monthly), Toradol intramuscularly injections (monthly) and Amitriptyline-Tramadol-Lidocaine cream. The records provided indicate that the provider regularly utilizes Toradol injections for this patient, noting injections on 01/27/15, 02/24/15, and 03/11/15. 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.