

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	10/7/2004
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009698

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Toradol Injection 60mg-2ml for pain relief is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **compound topical cream is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Toradol Injection 60mg-2ml for pain relief** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **compound topical cream** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 49 yo male who sustained an injury on 10/7/04 when he turned while lifting a small box that had 3, 75 pounds of weight in it. His diagnoses include lumbar/lumbosacral disc degeneration. He is s/p two lumbar surgical procedures: L5-S1 decompression and fusion and revision of anterior posterior L5-S1 with fusion. He subsequently underwent removal of hardware in 12/2012. He continues with low back pain and on physical exam he walks with a limp and uses a cane. He has decreased range of motion at the lumbar spine, muscle spasms, positive Lasegue's test bilaterally, diminished reflexes in the lower extremities and hypoesthesia at the anterolateral aspect of the foot and ankle at the bilateral L4 to S1 dermatomes. His treatment has included medical therapy with Vicodin and Neurontin, a compounded topical cream and Toradol injections. He also attends physical therapy and uses a back support.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Toradol Injection 60mg-2ml for pain relief :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Sections Topical Analgesics and Low Back Complaints, which are part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Mescape Internal Medicine: Treatment of Low Back Pain 2012.

Rationale for the Decision:

There is no documentation provided necessitating the use of Toradol injections for pain control. Ketorolac administered intramuscularly may be used as an alternative to opioid therapy. There is no indication in the medical records that the employee's current use of Vicodin is ineffective or is not tolerated. There is no indication for the specific use of this analgesic. The employee is not maintained on any NSAIDs or Cox II inhibitors for pain control. Toradol would be indicated for the treatment of acute pain. The employee has a chronic pain syndrome. **The request for Toradol injection 60mg-2ml for pain relief is not medically necessary and appropriate.**

2) Regarding the request for compound topical cream:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Sections Topical Analgesics and Low Back Complaints, which are part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics, pgs.111-113, which is part of the MTUS.

Rationale for the Decision:

There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,

alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the names and doses of the medications in the compounded topical medication as well as the prescribed duration of therapy have not been specified. **The request for compound topical cream is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/skf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.