

Case Number:	CM13-0013162		
Date Assigned:	09/26/2013	Date of Injury:	09/20/2011
Decision Date:	02/05/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of September 20, 2011. A utilization review determination dated August 8, 2013 recommends, noncertification of ketoprofen cream, Toradol 60 mg injection, Depo-Medrol once cc trigger point injection. A progress report dated July 31, 2013 identifies subjective complaints stating, "She has completed a total of 5 sessions aquatic therapy for the lumbar spine that unfortunately has not reduced her low back pain. It is my understanding that the patient's cervical spine is not an accepted body part. Patient states that prior to her work while responding to an incident at work causing her to hit the back of her head. Patient states that her neck pain occurs intermittently with bilateral upper extremity radiculopathy symptoms that occurs sporadically. Patient also continues to have constant headache that fluctuates with intensity. Patient complains of constant low back pain with bilateral lower extremity radiculopathy symptoms that occur sporadically. Patient continues to have indigestion and heartburn sensation. Patient has been performing Kegel exercises for urinary incontinence without benefit." Physical examination identifies, "palpable tenderness midline L1-S1 region with palpable tenderness in the bilateral paraspinal muscle region and hyperesthesia present (spinal muscle with positive straight leg raise, the left leg raise in sitting position, 4/5 with quadriceps strength test bilaterally). Diagnoses include cervical thoracic sprain/arthrosis, lumbosacral strain/arthrosis, and sleep disturbance. Treatment plan recommends Tylenol number 3, ketoprofen cream, trigger point injection, and Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream QTY1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for ketoprofen cream, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or educed NRS) or specific objective functional improvement from the use of ketoprofen cream. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the ketoprofen cream is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested ketoprofen cream is not medically necessary

Toradol 60mg injection qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Regarding the request for Toradol, Chronic Pain Medical Treatment Guidelines state that it is not indicated for minor or chronic painful conditions. Within the documentation available for review, there is no indication that Toradol is being used to treat something other than a chronic painful condition. As such, the currently requested Toradol is not medically necessary.

Depomedrol 1cc trigger point injection QTY1: Upheld

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

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

Decision rationale: Regarding the request for "Depomedrol 1cc trigger point injection", Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states the trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the

documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the currently requested "Depomedrol 1cc trigger point injection" is not medically necessary.