

Case Number:	CM13-0017912		
Date Assigned:	10/11/2013	Date of Injury:	07/08/1995
Decision Date:	01/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/28/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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:

The patient is a 59-year-old female who reported an injury on 07/09/1995. The patient reportedly suffered her injury when she had a mechanical fall while on the job in 1995. She subsequently underwent spinal surgery in 1999 for a fusion and was reportedly doing well for approximately 1 year when the pain returned. An MRI performed on 10/22/2009 noted the patient had multilevel degenerative disc disease turned severe with disc collapse at L3-4 level. Aquatic physical therapy helped the patient significantly, and while undergoing aquatic therapy, the patient was able to sleep better and her mood was also improved. The patient was most recently seen on 09/03/2013 with persistent low back pain and reported the pain at a 7/10 severity on that particular day's visit. The patient is currently taking hydrocodone 10/325 mg, Gabapentin 300 mg, naproxen sodium 550 mg, and docusate sodium 250 mg. The physician is requesting random urine drug screens 2 to 4 per year and Toradol injection 60 mg x4 per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen 2-4 per year: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 77-80, 94..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on Drug Testing page 43, and the section on O.

Decision rationale: The MTUS Chronic Pain Guidelines state that drug testing is recommended as an option to assess for the use or the presence of illegal drugs. Guidelines also indicate that frequent random urine toxicology screens are recommended as a means to avoid misuse/addiction of opioids. This is to be able to monitor the patient's prescription medication use, as well as screening for either nonuse or abusive behavior. This also allows the physician to note whether or not the current medication dose is appropriate for the patient's pain level and treatment. Therefore, due to the patient utilizing at least one opioid medication, random drug screens at 2 times to 4 times a year are considered appropriate. The request for random urine drug screens 2-4 per year is medically necessary and appropriate.

Toradol injection 60mg x4 per year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on nonselective NSAIDS Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on Ketorolac (Toradol®).

Decision rationale: The MTUS Chronic Pain Guidelines list the medication ketorolac under the non-selective NSAIDs heading. As an oral medication, ketorolac is not indicated for minor or chronic painful conditions. Therefore, the Official Disability Guidelines (ODG) has also been referred to in this case. Under ODG, it states that ketorolac in the oral form is only recommended for a short term, up to 5 days, in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Although this patient states that she had undergone a previous Toradol injection, there is no documentation in the medical records provided for review that specifies the efficacy of the injection. Furthermore, the physician failed to indicate the location at which the injections were to be given. Therefore, at this time, the request for Toradol injection 60mg x4 per year is not medically necessary and appropriate.