

Case Number:	CM13-0030603		
Date Assigned:	06/06/2014	Date of Injury:	09/09/2002
Decision Date:	07/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 37-year-old female with a reported date of injury on 09/09/2002. The mechanism of injury was not provided within the documentation available for review. The claimant presented with neck and back pain. Pain was rated at 5/10 with medication and a 10/10 without medication. Upon physical examination the physician the cervical spine was positive for spasms and tenderness and decreased range of motion. In addition, the lumbar spine revealed decreased range of motion. In the clinical documentation dated 08/12/2013, the claimant has been without medications for over 2 months, due to not being authorized by the insurance carrier. In addition, there is an additional note added with the clinical information from the claimant. The document is not signed or dated. The claimant stated that she was struggling in pain day to day because of meds were stopped abruptly. In addition, the claimant indicated that she had suicidal ideations due to not receiving medications. Treatment has included physical therapy, chiropractic care, acupuncture, epidural steroid injections, psychotherapy, and psychiatric visits; the results of which were not provided for review. Diagnoses included failed back surgery syndrome, status post anterior cervical discectomy effusion at C4-5 and C5-6, failed back surgery syndrome lumbar; status post posterior spinal instrumentation fusion at L5-S1 and lumbar radiculopathy. The physician also indicated that the claimant was severely depressed. Medication regimen included Percocet, Zofran, Naproxen, and Pantoprazole. The Request for Authorization for Toradol injection 30 mg and Ultracin 0.025-28 was submitted on 09/27/2013. The rationale for the request was not submitted within the clinical information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL INJECTION 30MG: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is a lack of documentation indicating functional deficits. The patient did provide a note stating that she was border line suicidal related to not receiving medications, however, the functional deficits and rationale for the use of the Toradol injection 30 mg is not provided within the documentation available for review. Therefore, the request for Toradol injection 30 mg is not medically necessary and appropriate.

ULTRACIN 0.025-28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals & Capsaicin Page(s): 105 & 112.

Decision rationale: Ultracin contains capsaicin and methyl salicylate. According to the California MTUS Guidelines salicylate topicals are recommended. In addition, the California MTUS Guidelines state that capsaicin is recommended as a topical analgesic in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available at a 0.025% formulation. There is no current clear indication that the increase over 0.025% formulation would provide further effectiveness. The clinical information provided for review lacks documentation of unresponsiveness to other treatments. The documentaiton states that the patient has not received other medications at this time but rates her pain 5/10 with medications when she does have them. In addition, the request as submitted failed to provide a specific site and frequency at which the ultracin was to be utilized. Therefore, the request for Ultracin 0.025-28 is not medically necessary and appropriate.