

Case Number:	CM13-0045803		
Date Assigned:	06/09/2014	Date of Injury:	03/05/2008
Decision Date:	07/15/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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 56-year-old male injured on 03/05/08 due to an undisclosed mechanism of injury. The current diagnoses include left knee internal derangement status post arthroscopy on 07/09, lumbar sprain/strain, cervical and thoracic sprain/strain, right elbow medial epicondylitis, right shoulder sprain/strain/tendinitis, myofascial syndrome, chronic pain related insomnia, chronic pain syndrome, chronic pain depression, and neuropathic pain. The clinical note dated 08/22/13 indicated the injured worker presented complaining of low back pain, right shoulder pain, bilateral knee pain, mild nausea, dizziness, and headaches. The injured worker reports he has not had medications for the past week and pain has flared. The injured worker reports his knees and right shoulder have been burning. The injured worker rates his pain at 8-9/10 with an average of 4-5/10 the preceding week. There were no objective findings provided for review. The documentation indicates the injured worker had been without Norco due to recommendation for weaning. Prescriptions for Lyrica, Medrox patch, Norco, Buspar, Prilosec, Pamelor, Senokot, Cidaflex, and Toradol IM for acute pain flare-ups were provided. The injured worker also received Toradol IM injection at an office visit on 09/12/13 for a flare up of low back pain. The initial request for Toradol 60mg injection and Senokot-S #90 was initially not recommended on 09/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL 60 MG INJECTION: 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 NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Toradol is not indicated for minor or chronic painful conditions. There is no indication in the documentation if the injured worker was being treated for an acute injury. Additionally, the clinical documentation indicates a trend to treat the injured worker with Toradol injections for ongoing chronic pain symptoms. Therefore, the request for Toradol 60 MG injection is not medically necessary.

SENOKOT-S 100 MG # 90: 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 (Chronic), Opioid-induced constipation treatment.

Decision rationale: The Official Disability Guidelines (ODG), state that prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Therefore, the request for Senokot-S 100 MG # 90 is not medically necessary.