

<b>Case Number:</b>	CM13-0049308		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; prior cervical discectomy and fusion surgery; muscle relaxants; adjuvant medications; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 18, 2013, the claims administrator denied a request for injectable Toradol. Request for 12 sessions of acupuncture was sparsely certified as six sessions of acupuncture. The claims administrator incorrectly cited the outdated 2007 MTUS acupuncture guidelines, it is incidentally noted. The applicant's attorney subsequently appealed, on November 4, 2013. A later note of December 11, 2013 is notable for comments that the applicant is off of work, on total temporary disability. The applicant is status post lumbar spine surgery in 1991 and left shoulder surgery in 1997, it has been stated. Percocet, Lidoderm, Restoril, and Calcitriol are endorsed while the applicant remains off of work, on total temporary disability. On November 11, 2013, the applicant apparently presented with an acute flare-up of chronic pain and was given a shot of injectable Toradol for the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions three (3) times a week times four (4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in MTUS 9792.24.1.c1, the time needed to produce functional improvement following introduction of acupuncture is "three to six treatments." In this case, the 12-session request being proposed by the attending provider is double the upper end of the course recommended in MTUS 9792.24.1.c1. This is not indicated. The MTUS suggests that functional improvement can be effected with a much shorter course of acupuncture. Accordingly, the request is not certified, on independent medical review.

**Injection Toradol 60mg 4 Units:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the WebMD, Drugs.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Principals of Treatment, Medications, Table 11: Dosing for Opioids Page(s): 72.

**Decision rationale:** The MTUS does not address the topic of injectable Toradol but does note on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines that oral Toradol is not indicated for minor or chronic painful conditions. In this case, however, the applicant was having an acute flare-up of chronic pain in the clinic setting. As noted in the Third Edition ACOEM Guidelines, injectable Toradol or ketorolac is often as efficacious as opioids. A shot of injectable Toradol was an appropriate option to treat the same. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

**Ketorolac Tromethamine 15mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the WebMD, Drugs.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Principals of Treatment, Medications, Table 11: Dosing for Opioids..

**Decision rationale:** Again, the MTUS does not address the topic of injectable Toradol. As noted in the Third Edition ACOEM Guidelines, a single dose of ketorolac appears to be a useful alternative to a single dose of opioids for those individuals who present to the emergency department with severe low back pain. In this case, the applicant did, indeed, present with an acute flare of chronic pain. As noted in the Third Edition ACOEM Guidelines, injectable Toradol or Ketorolac is often as efficacious as opioids. Injectable Ketorolac was therefore an appropriate option here. Accordingly, the request is retrospectively certified.