

Case Number:	CM13-0051399		
Date Assigned:	12/27/2013	Date of Injury:	04/30/2007
Decision Date:	06/10/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, 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 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 44-year-old male who reported an injury on 04/30/2007. The mechanism of injury was not stated. Current diagnoses include chronic pain, failed back surgery syndrome, status post lumbar spine fusion, lumbar spinal stenosis, medication related dyspepsia, exacerbation of radiculopathy, umbilical hernia, and chronic nausea and vomiting. The injured worker was evaluated on 11/13/2013. The injured worker reported 6/10 pain with medication. Physical examination revealed spasm, tenderness to palpation, moderately limited lumbar range of motion, decreased sensation along the L4-S1 dermatome bilaterally, and positive straight leg raising. The injured worker was given a Toradol and vitamin B12 injection on that date. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS: 9/18/2013: ONE TORADOL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. Toradol is not indicated for minor or chronic painful conditions. Therefore, the current request cannot be determined as medically appropriate. It is also noted, the injured worker was given a Toradol injection on 06/26/2013 and 07/24/2013, without evidence of objective functional improvement. Based on the clinical information received, the request is not medically necessary.

PRESCRIPTION OF VOLTAREN 1% GEL #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) (Voltaren Â® package insert).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is Voltaren gel, which is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip, or shoulder. Therefore, the current request cannot be determined as medically appropriate. Additionally, there was no frequency listed in the current request. As such, the request is not medically necessary.