

Case Number:	CM13-0054646		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2003
Decision Date:	03/17/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 and Rehabilitation has a subspecialty in Pain Management 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 patient is an injured worker with a date of injury of 2/27/03. A utilization review determination dated 11/14/13, recommends non-certification of Toradol injection, Clonazepam, and EMG/NCS cervical spine. A progress report dated 10/9/13 identifies subjective complaints including left arm tingling, headaches every few days, aching shoulder, neck pain worse 9+/10, noted to be almost unbearable. Objective examination findings identify tender neck and back. Diagnoses include chronic pain syndrome. Treatment plan recommends Toradol injection, Clonidine, Opana ER, Clonazepam, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection Ketorolac Tromethamine, per 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac Toradol

Decision rationale: The Official Disability Guidelines (ODG) cites that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the

documentation available for review, there is documentation that the patient had a flare-up of neck pain after working around the house. The pain was noted to be 9+/10 and almost unbearable. The patient has had significant exacerbation despite utilization of long-acting and short-acting opioids. The request for Toradol injection Ketorolac Tromethamine, per 15mg is medically necessary and appropriate.

Clonazepam 1 mg, # 25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Regarding the request for clonazepam, CA MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence, and most guidelines limit their use to 4 weeks. Within the documentation available for review, there is no documentation of efficacy of the medication and a clear rationale for long-term use of benzodiazepines against the recommendations of the CA MTUS. The request for Clonazepam 1 mg, # 25 is not medically necessary and appropriate.

EMG/NCS for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Regarding the request for EMG/NCS for the cervical spine, the California MTUS supports their use in the presence of focal neurologic dysfunction after conservative management. Within the documentation available for review, there is no documentation of focal neurologic dysfunction, as the symptoms are not described as affecting any specific nerve distribution's and the physical exam findings are positive only for tenderness, with no neurologic findings present. The request for EMG/NCS for the cervical spine is not medically necessary and appropriate