

Case Number:	CM13-0058199		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2003
Decision Date:	06/04/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 patient submitted a claim for chronic pain syndrome, and cervical disc degeneration associated with an industrial injury date of February 27, 2003. Treatment to date has included physical therapy, chiropractic care, Toradol injections, and medications such as hydrocodone with acetaminophen, tramadol, morphine, temazepam, and clonidine. Medical records from 2012 to 2013 were reviewed showing that patient complained of severe neck and back pain graded 9/10 in severity and relieved to 7/10 with medications. Pain radiated to the left arm with tingling sensation. He had difficulty turning his neck due to pain. He had exacerbations since his injury. This resulted to difficulties in holding a cup and screwdriver, arising from a kneeling position, acquiring winter wood, sitting, sleeping, and walking. Physical examination showed tenderness and muscle tightness over the left occipital, and paralumbar muscles. There was point tenderness at the lower lumbar spine. There was no muscle atrophy in the lower extremities. Range of motion of right hip was good. Motor strength was graded 5/5 at all extremities. Deep tendon reflexes were 1+ at all extremities. Gait was antalgic. Cervical MRI, dated December 11, 2013, revealed a large left paracentral disc extrusion at C6-C7 with extension in the left foraminal region with severe narrowing; at C5-C6 with diffuse annular bulging and bilateral foraminal narrowing; and at C4-C5 with right paracentral broad-based disc protrusion with mild left-sided foraminal narrowing. Toradol injection ketorolac tromethamine per 15mg and a trigger point injection (Triamcinolone Acetonide, per 10mg) were requested.

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 Chronic Pain Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Ketorolac (Toradol).

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. The Official Disability Guidelines further state that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient has been taking hydrocodone/apap (Norco) and morphine (Avinza) at the time when he received Toradol injection, thus this was prescribed not as an alternative medication, but rather, as an adjunct to treatment which is not recommended by the guidelines. Patient has been complaining of neck pain as far back as 2012. He is likewise diagnosed with chronic pain syndrome making her not a candidate for Toradol since it is not indicated for chronic conditions. Lastly, patient has received two Toradol injections in the past dated September 03, 2013 and October 09, 2013 and reported relief of symptoms. However, medical records submitted and reviewed do not include evidence of a decrease in pain score or any functional improvement attributed to Toradol use. Therefore, the request for Toradol injection ketorolac tromethamine per 15mg is not medically necessary.

TRIGGER POINT INJECTION (TRIAMCINOLONE ACETONIDE, PER 10MG): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment guidelines, criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In this case, patient has been complaining of severe neck and back pain radiating to the left arm with tingling sensation. Physical examination showed point tenderness at the lower lumbar spine. A progress report, dated October 9, 2013, cited that the previous trigger point injections did not help the patient. Since he did not report pain relief and functional improvements were not documented, a repeat trigger injection is not recommended. Therefore the request for Trigger Point Injection (Triamcinolone Acetonide, per 10mg) is not medically necessary.

