

Case Number:	CM13-0060321		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2000
Decision Date:	07/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 68 year old female who reported an injury on 06/07/2000 due to a motor vehicle accident. The patient reports struggling with neck pain since her accident in 2000. The requesting physician noted that an MRI done in 2003 showed C5-C6 bulging and C6-C7 changes, 90 percent of which would have been related to the injured worker's motor vehicle accident on 06/07/2000. Diagnoses included chronic pain due to trauma, neck pain, benign neoplasm of the brain, past radiation and chemotherapy for oligodendroglioma, myalgia/myositis, myofascial pain cervicothoracic pain, and history of cervical radiculopathy and depression. The most recent medication list provided from 06/23/2003 included Percocet 7.5, Robaxin 750, Paxil 10mg, Senokot and Colace for constipation, Dilantin 330 mg at night. The request for authorization form and rationale were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: The MTUS Guidelines regarding the use of opioids, ongoing monitoring using the four domains (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should take place. The documentation provided did not mention the use of non-opioid analgesics prior to the use of Percocet. Also, the requesting physician did not document the monitoring of opioid use such as pain assessments, effect on activities of daily living, and adverse side effects. There is a lack of documentation to determine medication efficacy that would warrant continued use.

Toradol Injection #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67, 71, 72.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state Non-Steroidal Anti-Inflammatory Drugs are recommended for acute moderate to severe pain. In this case, there is no documentation of the employee being in acute moderate to severe pain at the time of the injection. Furthermore, California MTUS Guidelines regarding the use of Toradol state that this medication is not indicated for minor or chronic pain. The requesting physician documented the employee ongoing chronic pain of her neck. Furthermore, there is a lack of recent clinical findings to determine the necessity of a Toradol injection. Therefore, the request for Toradol injection # 1 is not medically necessary and appropriate.