

Case Number:	CM13-0060724		
Date Assigned:	12/30/2013	Date of Injury:	01/19/2000
Decision Date:	05/15/2014	UR Denial Date:	11/20/2013
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old female who reported an injury on 01/19/2000. The mechanism of injury was reported as a back strain while pushing and pulling material. The request for authorization for medical treatment form dated 11/12/2013 for the requested Toradol injection and Oxycontin 30mg gave diagnoses of lumbar disc syndrome, mild dyspepsia, and lumbar stenosis. MRI dated 10/16/2013 revealed L3-4 and L4-5 degenerative changes, moderate to severe stenosis, significant lateral disc herniations and foraminal narrowing. At L3-4, there is a large left lateral disc herniation completely obliterating the left neural foramen. At L4-5, there is a right lateral disc protrusion obliterating the right neural foramen. There is overall high-grade stenosis of the L3-4 and L4-5. Diagnoses of lumbar stenosis with neurogenic claudication and lumbar disc displacement were given. The clinical note dated 11/12/2013 noted the injured worker presented with complaints of severe low back pain. The injured worker stated she had been unable to walk without assistance. The injured worker was currently using crutches and requesting a walker and pain medications. Objective findings included a slow and guarded gait with the assistance of crutches. The patient was noted to have moderate spasms in the lumbar spine upon palpation. The physician documented range of motion as minimal. The injured worker is resistant to range of motion attempts. The straight leg raise increases back pain at 30 degrees bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

TORADOL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Toradol Injection is non-certified. The California Medical Treatment Utilization Schedule (MTUS) states for back pain and acute exacerbations of chronic pain, NSAIDs are recommended as a second line of treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than NSAIDs for acute low back pain. The Guidelines state that there is inconsistent evidence for the use of the medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis or other nociceptive pain in with neuropathic pain. The use of NSAIDs has been shown to possibly delay and hamper healing in all of the soft tissues, including muscles, ligaments, tendons, and cartilage. The documentation provided for review did not include a current medication list, any conservative therapies that have been tried for pain relief, or any other modalities to support the necessity of a Toradol injection. The request as submitted for the Toradol injection did not include a dosage to determine necessity. Therefore, the request for Toradol injection is non-certified.

OXYCONTIN 30MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Oxycontin 30mg #90 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include the current pain levels, the least reported pain over the period of time since the last assessment, what the average pain levels are, intensity of the pain after taking the opioid, how long it takes for the opioid to take effect on the pain, and how long the pain relief lasts. Satisfactory response to the treatment may be indicated by the patient's decreased levels of pain, increased levels of function, and/or improved qualities of life. For ongoing monitoring, the California MTUS Guidelines state that you must continue to monitor analgesia, activities of daily living, adverse side effects, and any aberrant or non-aberrant drug taking behaviors and there must be documentation for that monitoring. The documentation provided for review did not give the least reported pain over a period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain medication to take effect once taken, and how long the pain relief lasts. There was no documentation for ongoing monitoring of the analgesia, activities of daily living, adverse side effects of any medications, and any aberrant or non-aberrant drug taking behaviors, which is required by the California MTUS. The medication

recommendation did not include a frequency for the medication. Therefore, the request for Oxycontin 30mg #90 is non-certified.