

<b>Case Number:</b>	CM14-0101443		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Occupational Medicine. 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:

This is a 52 year-old male who has reported mental illness and neck and extremity pain after an injury on 8/11/03. Diagnoses have included post-laminectomy syndrome, depression, shoulder impingement, adhesive capsulitis, radiculopathy, cervical spondylosis, and carpal tunnel syndrome. Treatment has included neck surgery, physical therapy, and many medications. Toradol injections have been given on multiple occasions for ongoing pain, concurrent with chronic oral NSAIDs. Medical reports show chronic dispensing of Ambien, Ultram, Anaprox, Prilosec, and Vicodin. On 12/19/13 the treating physician performed an in-office urine drug screen, for a list of medications that were not clearly indicated or relevant to this particular injured worker, and sent the specimen for quantitative testing to a laboratory. There was no evidence that the test was random or that the extensive and quantitative testing was indicated. Reports from the treating surgeon from 1/22/14 to 6/5/14 reflect ongoing multifocal pain, polypharmacy, "temporarily totally disabled" work status, no specific discussion of functional deficits and abilities, and no discussion of the specific results of using specific medications. On 5/5/14 Toradol injection was given for what was described as a flare-up of pain. On 6/5/14, pain was again described as flared-up. Toradol injection was given. All other medications were continued. "ART" rental was prescribed for pain, swelling, and spasms. Work status was "temporarily totally disabled". On 6/12/2014 Utilization Review non-certified the items now under Independent Medical Review, noting the lack of indications per the MTUS and other guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (chronic)

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

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

**Tramadol ER 150mg #30 with one refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back painMech.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Drug testing does not appear to be random, and is not performed according to guideline recommendations. The work status remains as "temporarily totally disabled", which is evidence of no functional improvement. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. Tramadol is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS. As such the request is not medically necessary.

**Ketorolact Tromethamine 15mg Injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 72.

**Decision rationale:** Per the manufacturer, Toradol is indicated for the short-term (less than or equal to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, usually in a post-operative setting. The manufacturer and the MTUS state that Toradol "is NOT indicated for chronic painful conditions." This injured worker has had pain for years, and thus has chronic pain. Per the FDA prescribing information for Toradol, concomitant use with NSAIDs is contraindicated because of the cumulative risk of inducing serious NSAID-related side effects. This injured worker has been prescribed chronic Anaprox. Toradol is contraindicated for this reason alone. Toradol injection is not medically necessary based on the MTUS and contraindications listed by the manufacturer.

**ART for one month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices):.

**Decision rationale:** The treating physician has not defined what sort of device an ART stimulator is. The MTUS has recommendations for most of the common transcutaneous electrical stimulators, and this injured worker does not appear to fit the indications for any, including TENS. Without specific indications and a specific description of the device, the ART device is not medically necessary. The treating physician has not provided sufficient information or indications to establish medical necessity for the ART device. As such this request is not medically necessary.