

Case Number:	CM14-0101998		
Date Assigned:	07/30/2014	Date of Injury:	12/13/2004
Decision Date:	10/02/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 66 year-old individual was reportedly injured on December 13, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 21, 2014, indicates that there are ongoing complaints of low back pain that have "dramatic worsening" subsequent to the prior visit. The physical examination was not completed during this evaluation. Diagnostic imaging studies objectified (ordinary disease of life degenerative disc disease, multiple level discogenic changes, retrolisthesis, and foraminal stenosis. Previous treatment includes multiple medications, physical therapy, injection therapies and other pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 10mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 72 of 127..

Decision rationale: This medication (a.k.a. Toradol) as outlined in the MTUS is not indicated for minor chronic painful conditions. This is an individual who has a significant chronic painful situation. Therefore when noting the other medications being employed there is no clinical indication for this injection. The medical necessity is not supported in the MTUS.

Ibuprofen 10% topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: MTUS guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the claimant has or is taking an oral anti-inflammatory. When noting the claimant's diagnosis of retrolisthesis, and no documentation of intolerance or contraindication to first-line therapies, there is no clinical indication for the use of this medication for the diagnoses noted. Therefore, this request is not medically necessary.