

<b>Case Number:</b>	CM14-0105649		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old female with a 10/8/10 date of injury. At the time (6/23/14) of the Decision for Tramadol 37.5/325mg, quantity 100 and Intramuscular Injection of Toradol (Ketorolac), date of service 4/29/2014, there is documentation of subjective (moderate low back pain radiating to the left lower extremity with numbness) and objective (tenderness over the lumbar paraspinal musculature, negative muscle spasm, and decreased lumbar spine range of motion) findings, current diagnoses (L4-L5 and L5-S1 disc herniation with radiculopathy), and treatment to date (medications (including ongoing treatment with Tramadol since at least 4/8/14) and home exercise program). Regarding Tramadol, there is no documentation of Tramadol used as a second-line treatment; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Regarding Intramuscular Injection of Toradol (Ketorolac), date of service 4/29/2014, there is no documentation of moderately severe acute pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg, quantity 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80;113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of a diagnosis of L4-L5 and L5-S1 disc herniation with radiculopathy. In addition, there is documentation of moderate low back pain and ongoing treatment with Tramadol. However, there is no documentation of Tramadol used as a second-line treatment (alone or in combination with first-line drugs). In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 37.5/325mg, quantity 100 is not medically necessary.

**Intramuscular Injection of Toradol (Ketorolac), date of service 4/29/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines [www.drugs.com/pro/ketorolac-injection.html](http://www.drugs.com/pro/ketorolac-injection.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG support the oral form for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing. Within the medical information available for review, there is documentation of diagnoses of L4-L5 and L5-S1 disc

herniation with radiculopathy. However, despite documentation of moderate pain, and given documentation of 10/8/10 date of injury, there is no documentation of moderately severe acute pain. Therefore, based on guidelines and a review of the evidence, the request for Intramuscular Injection of Toradol (Ketorolac), date of service 4/29/2014 is not medically necessary.