

Case Number:	CM14-0109989		
Date Assigned:	08/01/2014	Date of Injury:	02/24/2014
Decision Date:	09/12/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 Orthopedic Surgeon and is licensed to practice in California and Washington. 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 51-year-old female with a reported date of injury on 02/24/2014. The injury reportedly occurred when the injured worker was walking down the stairs at night and fell and hit her head. Her diagnoses were noted to include brief loss of consciousness, blunt head trauma, neck muscle spasms, and cervicalgia. Her previous treatments were noted to include massage therapy and medications. The pain dated 04/16/2014 revealed the injured worker complained of moderate headaches rated 7/10 at the worst and 5/10 at the best. The injured worker complained of moderate, dull neck pain that radiated into the shoulders and left upper extremity. The injured worker rated the pain as 8/10 at the worst and 6/10 at the best. The injured worker complained of constant pain to the shoulder blades with radiation of pain and tingling of the left shoulder and left upper extremity rated 6/10 to 7/10 at the worst. The injured worker reported mild to moderate low back pain that was localized rated 8/10 at the worst and 5/10 at the best. The injured worker complained of moderate to occasional severe pain in the bilateral knees rated 6/10 at the worst and 5/10 at the best. The injured worker reported increased pain in her neck, back, shoulders, and knees with activities of daily living such as showering, dressing/undressing, doing laundry, doing household chores, ascending/descending stairs, getting in and out of car/bed, and gardening. The injured worker also reported trouble getting restful sleep as she would wake up 2 times a night due to pain. The physical examination of the cervical spine and upper extremities revealed no tenderness to palpation about the cervical spine, upper trapezius, or paravertebral muscles. The Spurling's test was noted to be negative. There was decreased range of motion to the cervical spine. The neurological examination of the upper extremities was noted to be symmetrical and equal bilaterally. The neurological examination was normal for touch and the motor strength was symmetrical in all major muscle groups of both upper extremities. The physical examination of the shoulders revealed no

tenderness to palpation and negative glenohumeral labral test, impingement test, and drop arm test. The shoulders had decreased range of motion. The physical examination of the wrist revealed no pain on palpation of the wrist structures and a no evidence of carpal tunnel syndrome or tendonitis of the thumbs. The Phalen's test, Tinel's sign, and Finkelstein's test were negative bilaterally. The bilateral wrists were noted to show decreased range of motion. The physical examination of the hands was noted to be within normal limits for the range of motion. The physical examination of the lumbar spine and lower extremities noted no tenderness to palpation about the thoracic or lumbar paravertebral muscles, spinous processes, or sacroiliac joints. The lumbar spine was noted to have a decreased range of motion and deep tendon reflexes were equal and symmetrical. The sensory examination was normal bilaterally and motor power was normal and symmetrical in all major muscle groups of the lower extremities. The straight leg raise test was noted to be negative bilaterally. The physical examination of the knees revealed no patellofemoral pain or crepitation in range of motion. The McMurray's and Apley's tests were negative and there was a decreased range of motion noted. The progress note dated 07/24/2014 revealed painful spasming to the neck rated 4/10 and spasming to the low back rated 3/10 and the shoulder was painful but not to the joint; but to the upper trapezius. The request for authorization form dated 07/01/2014 was for Norco 10 mg #60 and Toradol 30 mg IM; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 05/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to lack of documentation regarding significant pain relief, increased function, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medication is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Toradol 30mg IM: Upheld

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

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

Decision rationale: The request for Toradol 30 mg IM is not medically necessary. The injured worker complained of muscle spasms to her back, neck, shoulders, and upper extremities. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines state Toradol is not indicated for minor or chronic painful conditions. The guidelines recommend using Toradol as an alternative to opioid therapy and the injured worker was prescribed both Toradol and Norco. There is a lack of documentation regarding the necessity for an injection instead of oral medications. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.