

<b>Case Number:</b>	CM14-0011301		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/13/2001
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 13, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated December 29, 2013, the claims administrator denied a request for oral Voltaren, approved a followup visit, and denied a Toradol injection. The applicant's attorney subsequently appealed. In a handwritten progress note dated September 11, 2013, the applicant was placed off of work, on total temporary disability. Lunesta was renewed. The applicant stated that he was having difficulty sleeping secondary to pain. In a later handwritten note of April 18, 2014, the applicant was given prescriptions for Soma, Norco, Lidoderm patches, and Motrin. The applicant's work status was not detailed on a progress note of the same date. The applicant did report persistent complaints of low back pain, it was suggested, again through handwritten progress note which is difficult to follow. 8/10 pain was still reported. The applicant was having difficulty performing activities of daily living, it was stated, including ambulating. In an earlier handwritten note of March 14, 2014, the applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for Voltaren 75 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 22, Anti-inflammatory Medications topic.2. MTUS page 7.3. MTUS 9792.20f Page(s): 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti inflammatory medication such as Voltaren do represent a traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no such discussion of medication efficacy incorporated into the attending provider's choice of recommendation. The applicant has seemingly remained off of work, on total temporary disability, throughout 2013 and 2014. The applicant remains highly reliant and highly dependent on various medications in addition to Voltaren, including Norco and Soma. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of oral Voltaren. Therefore, the request for Voltaren was not medically necessary.

**Prospective request for Toradol 60mg injection x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines page 72, Ketorolac section. Page(s): 72.

**Decision rationale:** While the MTUS does not address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac or Toradol is not recommended for chronic or minor painful conditions. Similarly, the Third Edition ACOEM Guidelines also note that injectable Toradol or ketorolac is equivalent to injectable meperidine or Demerol for applicants who present to the emergency department with acute flares of low back pain. Thus, neither the MTUS nor ACOEM, Third Edition, supports usage of injectable ketorolac or Toradol for the prospective, scheduled-used basis for which it is seemingly being proposed here. It is further noted that the attending provider's documentation is sparse, handwritten, not entirely legible, difficult to follow, and does not make a compelling case for the request in question. Therefore, the request is not medically necessary.