

Case Number:	CM14-0113588		
Date Assigned:	09/03/2014	Date of Injury:	11/01/2010
Decision Date:	12/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 11/1/10. A utilization review determination dated 7/8/14 recommends non-certification of Norco and Toradol. Lyrica and Percocet were authorized. 6/18/14 medical report identifies constant, severe pain 7/10 right ankle radiating to the right leg and hip. On exam, there is tenderness. Patient is being weaned from Percocet. Recommendations include Percocet, Lyrica, Norco, and IM injection of Toradol "to reduce pain due to flare-ups." 5/14/14 medical report identifies pain 8/10 and a recommendation for Toradol. Norco was said to be effective and patient was weaning from Percocet. 4/23/14 medical report identifies 9/10 pain. Toradol was injected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up

is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

Retro: Toradol injection 60mg #1 (DOS: 06/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol)

Decision rationale: Regarding the request for Toradol injection, CA MTUS does not specifically address the issue. ODG notes that, when administered intramuscularly, it may be used as an alternative to opioid therapy. Within the information available for review, the provider notes that it was given to address a flare-up of pain, but prior office visit notes identify that the patient's pain was less at the most recent visit, which is not consistent with a flare-up. Furthermore, it appears that Toradol has been injected regularly concurrent with opioid use and there is no indication of significant quantified pain relief, functional improvement, and/or decreased usage of other pain medications. In light of the above issues, the currently requested Toradol injection is not medically necessary.