

Case Number:	CM14-0118250		
Date Assigned:	08/06/2014	Date of Injury:	02/01/2007
Decision Date:	09/12/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgeon, 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 injured worker is a 39-year-old female who reported an injury on 02/01/2007. The mechanism of injury was not provided for clinical review. The diagnoses included lumbago and cervicalgia. The previous treatment included medication, Epidural Steroid Injection and Physical Therapy. The diagnostic imaging included MRI. Within the clinical note dated 07/11/2014, it was reported the injured worker complained of back pain. Upon the physical examination the provider noted the injured worker had decreased range of motion of her spine. The provider indicated the injured worker had no spinous tenderness. The injured worker had points to the lumbar spine area. he provider requested Ketorolac Tromethamine and Norco for breakthrough pain. The Request for Authorization was provided, however, was not dated or signed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ketorolac tromethamine 10mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Keterolac (Toradol, generic available) 10mg [boxed warning].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The request for 1 prescription of Ketorolac Tromethamine 10 mg #10 is not medically necessary. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There was lack of documentation that indicated the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 12/2013, which exceeds the guidelines' recommendations of use of a short period of time. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

1 prescription of Norco 10/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for 1 prescription of Norco 10/325 mg #50 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There was lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 12/2013. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.