

<b>Case Number:</b>	CM14-0167478		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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:

The injured worker is a 66-year-old female who reported an injury due to continuous trauma on 02/12/2003. On 09/26/2014, her diagnoses included lumbar disc displacement, lumbosacral spondylosis, lumbar spine discopathy, and multilevel discopathy with lumbar radiculopathy, worsening. Her complaints included increasing left leg numbness and increasing stiffness in the mornings. She rated her low back, leg and neck pain at 8/10. Upon examination, there was tenderness in the paraspinal musculature of the lumbar region with midline tenderness and spasms. Her lumbar spine ranges of motion measured in degrees were flexion 15/50, extension 10/40, right rotation 10/45, left rotation 5/45, right tilt 10/40, and left tilt 5/40. Her medications included Norco 10/325 mg and naproxen 550 mg. She was given an intramuscular injection of 2 cc's of Toradol for symptomatic relief. The rationale for her Norco was for moderate to moderately severe pain. A request for authorization dated 09/26/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** 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): 74-95.

**Decision rationale:** The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include the intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of aspirin, antidepressants or anticonvulsants, quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #60 is not medically necessary.

**1 Toradol injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain, (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The request for 1 Toradol injection is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. For acute exacerbations of back pain, they are recommended as a second line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Toradol is not indicated for minor or chronic painful conditions. The request did not specify a quantity of medication, a body part to be injected or the type of injection. Therefore, this request for 1 Toradol injection is not medically necessary.