

Case Number:	CM14-0178235		
Date Assigned:	10/31/2014	Date of Injury:	03/25/2005
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine; has a subspecialty in Nephrology 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 52-year-old female with a 3/25/05 date of injury. The mechanism of injury occurred when she was unloading meat and developed low back pain. According to a progress report dated 9/10/14, this patient reported an exacerbation of lower back pain. Her pain has been mostly in the 10/10 range and decreased to a 7/10 with her pain pills. She also had numbness in her left lower leg. Objective findings: lumbosacral spine exhibited tenderness on palpation, spasms of paraspinal muscles, decreased response to tactile stimulation of the leg/foot on the left lower leg. Diagnostic impression: low back pain with exacerbation, lumbar disc degeneration, foot drop on the left, common peroneal nerve palsy of the left leg, reflex sympathetic dystrophy of the left lower limb. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/1/14 denied the request for Toradol injection and modified the request for gabapentin from 90 tablets to 45 tablets. Regarding Toradol injection, guidelines do not support the use of Toradol for chronic pain and emphasize that Toradol injection should be administered as an alternative to opioid use as opposed to as an adjunctive medication as it was utilized in this case. Regarding gabapentin, ongoing use had not allowed for a 30% reduction in pain as recommended by the guidelines. In fact pain levels had increased and function had deteriorated as evidenced by an increased dependency on intervention (e.g. Toradol injection). Furthermore, the clinical data described above was negative for neuropathic pain for which guidelines advocate the use of gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol 60mg injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS Other Medical Treatment Guideline or Medical Evidence: FDA (Toradol)

Decision rationale: The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. In the present case, this patient is documented to have an acute exacerbation of her chronic low back pain. In addition, she reported that her back pain has been mostly in the 10/10 range. Toradol is supported for short-term use for acute pain. Therefore, the request for 1 Toradol 60mg Injection is medically necessary.

1 prescription Gabapentin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs; Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the most recent report provided for review, this patient reported numbness in her left lower leg. In addition, she has a diagnosis of reflex sympathetic dystrophy of the left lower limb. Guidelines support the use of Gabapentin as a first-line treatment for neuropathic pain. Therefore, the request for 1 prescription Gabapentin 600mg #90 was medically necessary.