

Case Number:	CM14-0184036		
Date Assigned:	11/10/2014	Date of Injury:	07/14/1999
Decision Date:	12/18/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 years old male with an injury date on 07/14/1999. Based on the 09/04/2014 progress report provided by the treating physician, the diagnoses are: 1. Chronic pain NEC2. Cervicalgia3. Low back pain; acute exacerbation of chronic pain. According to this report, the patient complains "flare of neck pain, bilateral but R>L, associated with numbness/pain down arms with lying down (position dependent, resolve with movement). Having LBP (no recent changes) with intermittent numbness L leg." Physical exam reveals decreased cervical range of motion. Tenderness is noted at base of neck posteriorly and bilateral gluteal muscles. Slight weakness is noted at right triceps. The 06/04/2014 report indicates current pain level is a 6-7/10. Patient states "having less frequent pain down arms, thought still frequently get numbness at night." There were no other significant findings noted on this report. The utilization review denied the request on 10/22/2014. The requesting provider provided treatment reports from 10/31/2013 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin ER 30mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 09/04/2014 report, this patient presents with "flare of neck pain, bilateral but R>L, associated with numbness/pain down arms" and "LBP (no recent changes) with intermittent numbness L leg."The treater is requesting 1 prescription of MS Contin ER 30mg #150. MS Contin ER was first mentioned in the 10/31/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, the patient had "no aberrant behavior re meds. No adverse effects." The 06/04/2014 report indicates with chiropractic treatment, patient's pain level is a 6-7/10 and "able to use less medication."In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain but it does not say what analgesia was obtained with use of MS Contin ER. Aberrant drug seeking behavior is discussed. Other than these, the documentation lack documentation regarding ADL's, other opiates management issues such as UDS and CURES. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.

4 prescription of Toradol 60mg intramuscular injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: According to the 09/04/2014 report, this patient presents with "flare of neck pain, bilateral but R>L, associated with numbness/pain down arms" and "LBP (no recent changes) with intermittent numbness L leg."The treater is requesting 4 prescription of Toradol 60mg intramuscular injections. The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of reports do not show discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The request is not medically necessary.

6 sessions of chiropractic manipulation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 09/04/2014 report, this patient presents with "flare of neck pain, bilateral but R>L, associated with numbness/pain down arms" and "LBP (no recent changes) with intermittent numbness L leg." The treater is requesting 6 sessions of chiropractic manipulation. Regarding chiropractic manipulation, MTUS recommends it as an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, the patient had a flare-up of symptoms, the total number of prior treatments are not known, but the patient did experience benefit. The current request for 6 sessions do not appear excessive. MTUS does allow up to 18 sessions to address chronic back conditions. The request is medically necessary.