

<b>Case Number:</b>	CM14-0037591		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Physical Medicine and Rehabilitation 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 51 year-old patient sustained an injury on 12/7/07 while employed by [REDACTED]. Request(s) under consideration include IM injection Toradol 2cc (Retrospective DOS 2/27/14), Naprosyn 500mg 1 twice a day as needed #90, Prilosec 20mg 1 twice a day #60, and Norco 10/325mg 1 every 6 hours as needed #90. Diagnoses include Cervical strain; Lumbar strain; Sexual dysfunction; Abdominal pain; Headaches; and Sleep apnea. Report of 2/27/14 from the provider noted patient with chronic pain symptoms rated at 10/10. The patient takes Naproxen, Omper-D, and Norco which is helping. Exam showed normal gait; normal heel-toe walking; lumbar spine with tenderness on palpation, spasm, limited range of flex/ext/lateral bending of 40/30/20 degrees respectively, DTR (deep tendon reflexes) 2+ symmetrically in bilateral lower extremities with intact sensory and motor exams. The patient remained Permanent & Stationary with treatment plan to refill meds. Request(s) for IM (intramuscular) injection of Toradol 2cc (Retrospective DOS 2/27/14), Naprosyn 500mg 1 twice a day as needed #90, and Prilosec 20mg 1 twice a day #60 were non-certified and the Norco 10/325mg 1 every 6 hours as needed #90 was modified for quantity of #60 on 3/18/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IM injection Toradol 2cc (Retrospective DOS 2/27/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Ketorolac tromethamine (Toradol), a nonsteroidal anti-inflammatory drug (NSAID), 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. Ketorolac (Toradol, generic available) has a "Boxed Warning" as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications to include Naproxen, another NSAID. Submitted report has no documented medical indication as to concurrent use for this injection along with oral NSAID Naproxen which is not recommended due to increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac injection for chronic pain without demonstrated acute flare-up. The IM injection Toradol 2cc (Retrospective DOS 2/27/14) is not medically necessary and appropriate.

**Naprosyn 500mg, 1 twice a day as needed, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The Naprosyn 500mg 1 twice a day as needed, #90 is not medically necessary and appropriate.

**Norco 10/325mg, 1 every 6 hours as needed, #90:** 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): 74-96.

**Decision rationale:** Norco 10/325mg, 1 every 6 hours as needed, #90 was modified for quantity of #60 on 3/18/14 for weaning purposes. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325mg, 1 every 6 hours as needed, #90 is not medically necessary and appropriate.

**Prilosec 20mg, 1 twice a day, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Section on NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg, 1 twice a day, #60 is not medically necessary and appropriate.