MAXIMUS Federal Services

| Case Number: | CM14-0040980 | | |
|---|---|---|---|
| Date Assigned: | 06/30/2014 | Date of Injury: | 06/10/2002 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/08/2014 |

## 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 Occupational 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 patient is a 47-year-old male who has submitted a claim for lower leg pain, and lumbago; associated with an industrial injury date of 06/10/2002.Medical records from 2012 to 2014 were reviewed and showed that patient complained of flare-up of back pain, graded 8/10. Patient also complains of persistence of left paraspinal tenderness despite previous Botox injections. Physical examination showed that patient had an antalgic gait. Spasms were noted over the back. Muscle bulk and tone were normal. Motor strength was 4/5 in both legs. Sensation was intact.Treatment to date has included medications, physical therapy, and right knee surgery (12/05/2013).Utilization review, dated 04/04/2014, denied the prospective and retrospective requests for Toradol injection and the prospective request for Botox injection because guidelines do not recommend their use for chronic painful conditions; and modified the request for Oxycontin for weaning purposes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Toradol 60mg IM injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorolac (Toradol)

**Decision rationale:** As stated on pages 72 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Toradol is not recommended for chronic painful conditions. In addition, the Official Disability Guidelines (ODG) states that Toradol injection, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient complains of back pain. The medical records submitted for review showed no evidence of intolerance to or failure of opioid therapy to warrant analgesia using intramuscular injections. Also, guidelines do not support the use of Toradol for chronic pain. Therefore, the request for 1 Toradol 60mg IM injection is not medically necessary.

**2 Toradol 60mg IM injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorolac (Toradol)

**Decision rationale:** As stated on pages 72 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Toradol is not recommended for chronic painful conditions. In addition, the Official Disability Guidelines (ODG) states that Toradol injection, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient complains of back pain. The present request is for future Toradol injections as needed for management of pain flare-ups in the future to avoid ER visits. However, the medical records submitted for review showed no evidence of intolerance to or failure of opioid therapy to warrant analgesia using intramuscular injections. Also, guidelines do not support the use of Toradol for chronic pain. Therefore, the request for 2 Toradol 60mg IM injections is not medically necessary.

**6 Botox injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

**Decision rationale:** According to pages 25-26 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Furthermore, Botox is not recommended for tension-type headache, migraine headache, and chronic neck pain. In this case, the patient complains of back pain. Patient has had previous Botox injections on February 2014, which provided >50% pain relief of right paraspinal tenderness, but there was persistence of left paraspinal tenderness.

However, guidelines do not support Botox for chronic pain disorders. The medical necessity has not been established. Lastly, the present request as submitted failed to specify the body part to be treated. Therefore, the request for 6 Botox injections is not medically necessary.

**Oxycontin ER 40mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed OxyContin since at least 2006. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request Oxycontin ER 40mg #90 is not medically necessary.