

Case Number:	CM14-0046148		
Date Assigned:	07/02/2014	Date of Injury:	11/10/2005
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Management 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 female patient with the date of injury of November 10, 2005. A Utilization Review was performed on March 3, 2014 and recommended non-certification of retrospective Ketorolac 60mg/Xylocaine 1ml injection given 1/28/2014 and retrospective Cortisone injection of Depo Medrol 80mg/Xylocaine 8cc to right posterior superior iliac spines. A Progress Report dated December 3, 2013 identifies Subjective Complaints of low back severe pain that is radiating down the right leg and thigh to the calf, left knee pain and discomfort, swelling, popping, clicking and giving out. Right shoulder has pain and limited range of motion. Objective Findings identify tender over saphenous vein, left leg. Left knee flexion is 115 degrees and extension is 170 degrees. Tenderness was over posterior superior iliac spines, bilaterally. Diagnoses identify musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, status post right total knee replacement with mediocre results and findings of infection, internal derangement right shoulder, deep vein thrombosis right leg, disc protrusion L4-5, disc bulges L5-S1 and L3-4, tear medial meniscus left knee, osteoarthritis left knee, status post total knee replacement left, and status post manipulation left knee with injection of Depo- Medrol. Treatment Plan identifies continues home exercises, medication, and Ketorolac 60 mg with Xylocaine 1 ml given for relief of the patient's back symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CORTISONE INJECTION OF DEPO MEDROL 80 MG/XYLOCAINE 8CC TO RIGHT POSTERIOR SUPERIOR ILIAC SPINES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/LOW BACK LIGAMENTOUS INJECTIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS ACOEM, 2nd Edition, (2004) Occupational Medicine Practice Guidelines, 308 and Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: ODG states the criteria for the use of corticosteroids (oral/parental for low back pain) includes clear-cut signs and symptoms of radiculopathy, risks of steroids should be discussed with the patient and documented in the record, and the patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record. In addition, ODG states treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Within the documentation available for review, there is no indication of clear-cut signs of radiculopathy, risks of steroids were discussed with the patient and documented in the record, and the patient is aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record. In addition, there is no mention of a symptom-free period with subsequent exacerbation or evidence of a new injury. In the absence of such documentation, the currently requested Cortisone injection of Depo Medrol 80mg/Xylocaine 8cc to right posterior superior iliac spines is not medically necessary.

RETROSPECTIVE KETOROLAC 60MG/XYLOCAINE 1 ML INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, specific drug list & adverse effects, page 72 and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Toradol Official FDA Information (<http://www.drugs.com/mtm/toradol-im.html>).

Decision rationale: Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of severe pain. However, guidelines note it is not indicated for chronic painful conditions, and there is no documentation of a recent flare up with no or worsened objective findings. As such, the currently requested Ketorolac/Xylocaine injection is not medically necessary.

