

<b>Case Number:</b>	CM14-0050670		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/16/2000
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 16, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 28, 2014, the claims administrator partially certified a request for tramadol, apparently for weaning purposes, partially certified a request for pain management consultation to consider epidural steroid injections as a pain management consultation alone, and denied a request for an intramuscular injection of Toradol. The applicant's attorney subsequently appealed. In a January 29, 2014 office note, the applicant presented with persistent complaints of low back pain and mid back pain with weakness about the bilateral lower extremities. The applicant also reported bilateral knee pain. The applicant was on Norco, tramadol, and Neurontin, it was stated. The applicant exhibited an antalgic gait. The applicant was not using a cane. The applicant exhibited limited lower extremity strength and diminished lower extremity sensorium, secondary to pain. The applicant was given a Toradol injection and a vitamin B12 injection. There was no mention of any acute flare in pain prior to delivering the Toradol injection. The applicant was asked to pursue Synvisc injections and consult a pain management physician for possible epidural steroid injections and/or facet blocks. A gym membership was endorsed. Tizanidine and tramadol were also refilled. The applicant was described as permanent and stationary. There was no mention of medication efficacy. In a medical-legal evaluation of October 13, 2011, the applicant was declared permanent and stationary. The applicant was no longer working, it was acknowledged. In a subsequent note dated July 2, 2014, the applicant was described as having

chronic, ongoing low back pain with difficulty performing activities of daily living and function. Norco and tramadol were sought. It was acknowledged that the applicant was not working. The attending provider stated that he could not wean the applicant off of either Norco or tramadol until Butrans patches were provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is no longer working with permanent limitations in place. The attending provider has suggested on several office visits that the applicant is having difficulty performing activities of daily living, despite ongoing tramadol usage. The attending provider has himself stated that the applicant should ultimately wean off of tramadol. There are no documented improvements in pain achieved as a result of ongoing tramadol usage. For all of the stated reasons, then, the request for tramadol is not medically necessary.

**pain management consultation for lumbar epidural:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain management specialist Page(s): 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has heightened low back and bilateral knee pain complaints. The applicant's pain has proven refractory to analgesic medications. As suggested by the applicant's primary treating provider, obtaining the added expertise of a physician specializing in chronic pain such as a pain management physician, to consider other options, such as epidural steroid injections, facet joint blocks, and/or alternative pain medications is therefore indicated. Accordingly, the request is medically necessary.

**intramuscular injection of toradol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 72, Ketorolac/Toradol section. Page(s): 72. Decision based on Non-MTUS Citation 2. ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11.

**Decision rationale:** While the MTUS does not specifically address the topic of intramuscular Toradol usage, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does state that oral ketorolac or Toradol is not recommended for minor or chronic painful conditions. By implication, then, the intramuscular injection of Toradol performed on the date in question was likewise not indicated in the chronic pain context for which it was administered. The applicant was not described as having any acute flare in pain for which a shot of intramuscular Toradol would have been indicated. Similarly, the Third Edition ACOEM Guidelines state that a single dose of injectable ketorolac or Toradol is a useful alternative to a single moderate dose of opioids for the management of severe musculoskeletal low back pain in applicants who present to the emergency department with acute flares of the same. In this case, however, the applicant presented to the clinic, not the emergency department, with chronic, longstanding low back pain. There was no evidence of any acute flares in pain which would have supported an injection of intramuscular Toradol. Therefore, the request is not medically necessary.