

<b>Case Number:</b>	CM14-0062236		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/22/2003
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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:

According to the records made available for review, this is a 66-year-old female with an 8/22/03 date of injury. At the time (2/17/14) of request for authorization for 1 injection of Ketorolac 60 mg, 1 injection of Lidocaine 1cc and 1 cc Kenalog, and 1 prescription of Vicodin 10/325 mg. # 180, there is documentation of subjective (chronic neck and low back pain radiating to the upper and lower extremities) and objective (limited flexion in the cervical and lumbar spines with muscle spasms in the lumbar spine, and tenderness to palpation over the L4, L5, S1 facet joints) findings, current diagnoses (cervical and lumbar radiculopathy), and treatment to date (multiple Ketorolac injections and Vicodin since at least 12/4/12). Regarding 1 injection of Ketorolac 60 mg, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level; and that Ketorolac is being used as an alternative to opioid therapy. Regarding 1 injection of Lidocaine 1cc and 1 cc Kenalog, there is no documentation of failure of conservative therapy, failure of oral therapy or contraindications to oral therapy, and a condition/diagnosis (with supportive subjective/objective) findings for which intramuscular and/or intra-articular administration of Kenalog (triamcinolone) is indicated (such as: short-term administration (for an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; osteoarthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis). Regarding 1 prescription of Vicodin 10/325 mg. # 180, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Vicodin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **(1) Injection of Ketorolac 60 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory (NSAID).

**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 Chapter, Ketorolac (Toradol), NSAIDs.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Ketorolac injection. In addition, ODG identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar radiculopathy. However, given documentation of chronic pain, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level. In addition, given documentation of an associated request for Vicodin, there is no documentation that Ketorolac is being used as an alternative to opioid therapy. Therefore, based on guidelines and a review of the evidence, the request for 1 injection of Ketorolac 60 mg is not medically necessary.

### **(1) Injection of Lidocaine (1)cc and (1) cc Kenalog: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [drugs.com/pro/kenalog](http://drugs.com/pro/kenalog).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Medical Treatment Guideline identifies documentation of failure of oral therapy or contraindications to oral therapy and a condition/diagnosis (with supportive subjective/objective) findings for which intramuscular and/or intra-articular administration of Kenalog (triamcinolone) is indicated (such as: short-term administration (for an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; osteoarthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis), as criteria necessary to support the medical necessity of Kenalog injection. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar radiculopathy. However, given documentation of ongoing treatment with Vicodin and an

associated request for Ketorolac injection, there is no documentation of failure of conservative therapy; and failure of oral therapy or contraindications to oral therapy. In addition, despite documentation of subjective (chronic neck and low back pain radiating to the upper and lower extremities) and objective (limited flexion in the cervical and lumbar spines with muscle spasms in the lumbar spine, and tenderness to palpation over the L4, L5, S1 facet joints) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective) findings for which intramuscular and/or intra-articular administration of Kenalog (triamcinolone) is indicated (such as: short-term administration (for an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; osteoarthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis). Therefore, based on guidelines and a review of the evidence, the request for 1 injection of Lidocaine 1cc and 1 cc Kenalog is not medically necessary.

**(1) prescription of Vicodin 10/325 mg. # 180: 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): 74-80.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Vicodin since at least 12/4/12, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Vicodin. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Vicodin 10/325 mg. # 180 is not medically necessary.