

<b>Case Number:</b>	CM14-0074391		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/25/2003
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 63-year-old female with a 7/25/03 date of injury, and status post bilateral carpal tunnel release and L4-5 revision lumbar spine surgery. At the time (5/15/14) of request for authorization for Tramadol/APAP 37.5/325mg, #120 and retrospective request for injection 2cc of 60mg of Toradol with 1% Xylocaine into the right gluteus medius region, the date of service (DOS) not provided, there is documentation of subjective (increased low back pain, cervical spine is the greatest complaint) and objective (cervical spine positive foraminal compression test bilaterally, pain in the midline of the lumbar spine and bilateral paraspinal muscles) findings, current diagnoses (cervical spine discopathy with resulting cephalgia and bilateral shoulder impingement, status post bilateral carpal tunnel release, status post lumbar spine surgery at L4-5 revision, bilateral knee patellofemoral syndrome with possible right meniscal injury, bilateral foot and ankles sprain/arthrosis, and psychiatric complaints), and treatment to date (home exercise and medications (including Tramadol since at least 1/14)). Regarding the requested Tramadol/APAP 37.5/325mg, #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect; 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 or medical services as a result of Tramadol use to date. Regarding the requested retrospective request for injection 2cc of 60mg of Toradol with 1% Xylocaine into the right gluteus medius region, and the DOS not provided, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS 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. The 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 spine discopathy with resulting cephalgia and bilateral shoulder impingement, status post bilateral carpal tunnel release, status post lumbar spine surgery at L4-5 revision, bilateral knee patellofemoral syndrome with possible right meniscal injury, bilateral foot and ankles sprain/arthrosis, and psychiatric complaints. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given records reflecting prescriptions for Tramadol since at least 1/14, 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 or medical services as a result of Tramadol use to date. Therefore, based on the guidelines and a review of the evidence, the request for Tramadol/APAP 37.5/325mg, #120 is not medically necessary.

**Retrospective request for Injection 2cc of 60mg of Toradol with 1% Xylocaine into the Right Gluteus Medius Region, DOS not provided:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. The ODG identifies that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In addition, the ODG identifies documentation of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of

Toradol injection. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy with resulting cephalgia and bilateral shoulder impingement, status post bilateral carpal tunnel release, status post lumbar spine surgery at L4-5 revision, bilateral knee patellofemoral syndrome with possible right meniscal injury, bilateral foot and ankles sprain/arthrosis, and psychiatric complaints. However, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for injection 2cc of 60mg of Toradol with 1% Xylocaine into the right gluteus medius region, DOS not provided, is not medically necessary.