

Case Number:	CM14-0076296		
Date Assigned:	07/18/2014	Date of Injury:	01/20/2000
Decision Date:	09/03/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	05/26/2014

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:

This patient is a 55 y/o female who has developed a chronic pain syndrome subsequent to an injury dated 1/20/2000. She has low back pain with radiation into the legs, she has bilateral knee pain and is s/p bilateral total knee arthroplasty. She also has a diffuse myofascial pain syndrome and associated depression. She has been treated with surgery, physical therapy and oral analgesics. Pain relief with medications is listed to be about 20%. She has had several orthopedic AME evaluations and the chronic use of Toradol was not recommended. Her current medications include, Xanax, Neurontin, Norco, Nortriptyline, Zocor and Toradol injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Toradol 60mg/2ml: Upheld

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

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: <http://www.drugs.com/pro/toradol.html>.

Decision rationale: MTUS Guidelines do not address the chronic use of Toradol. However, there are strong FDA warnings that this drug is not to be utilized on a long term basis and is not recommended for use in chronic pain. Short term (less than 5 days) may be reasonable for acute conditions, but that is not how it has been utilized for this patient. In addition, it is not documented in the records reviewed why an alternative NSAID is not being utilized and there are the same GI effects from NSAID's when given orally or parenterally. There is no unusual circumstance to justify an exception to FDA recommended use. The chronic use of Toradol is not medically necessary.

1 Prescription for Soma 350mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma, Soprodal, Vanadom).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Page(s): 29.

Decision rationale: MTUS Guidelines are very clear that Soma is not a recommended medication. Its active ingredient is a tranquilizer which is not recommended for use beyond 4 weeks. In addition, it is reported that the patient has depression. Even if Guidelines supported the use of Soma for muscle spasm, a tranquilizer would be contraindicated as it would compound the depression. There are no unusual circumstances to justify an exception to Guideline recommendations. The Soma is not medically necessary.

Unknown prescription for Cymbalta: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16.

Decision rationale: MTUS Guidelines support the appropriate use of antidepressants for the treatment of chronic pain. It is documented that the usual and customary 60mg. dose has been trialed via samples and it is reasonable to expect the same dosing as a prescription. A trial of Cymbalta is consistent with Guideline recommendations. The Cymbalta is medically necessary.

1 Prescription for Neurontin 600mg, #180 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 18-19.

Decision rationale: MTUS Guidelines support the appropriate use of Neurontin for chronic pain states with a neuropathic component. It is documented that this patient has a neuropathic component with the radiation into her legs. The Neurontin has been long term mediations and it appears evident that it will continue to be so. The long term use of Neurontin is consistent with Guideline recommendations. The Neurontin 600mg #180 with 5 refills is medically necessary.