

Case Number:	CM14-0080499		
Date Assigned:	07/18/2014	Date of Injury:	05/14/2007
Decision Date:	09/15/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 58-year-old female who reported injury on 05/14/2007. Mechanism of injury was not documented in the submitted report. The injured worker has diagnosis of L4-5 and L5-S1 stenosis, depressive disorder, and gastrointestinal complaints. Past medical treatments include physical therapy, injections, and medication therapy. Medications include Hydrocodone, Flexeril, and Tramadol. There was no dosage, duration, or frequency on the medication. No pertinent diagnostics were submitted for review. The injured worker complained of persistent pain in her low back, bilateral knees, and left ankle. The injured worker described the pain as aching with numbness and rated it at 6-8/10. Physical examination dated 04/23/2014 revealed that the injured worker's lumbar spine reflected no kyphosis. There was no swelling. There was tenderness in the paraspinal musculature of the thoracic and lumbar regions. Muscle spasms were positive in the lumbar region on the left. Range of motions revealed a flexion of 30 degrees, extension of 20 degrees, rotation to the right of 40 degrees, rotation to the left of 40 degrees, tilt right of 30 degrees, and tilt left of 30 degrees. Spasms on the lumbar range of motion were present. Sensory testing with a pinwheel was normal. Motor examination by manual muscle test was normal. Deep tendon reflexes revealed knee and ankle were 2/2 bilaterally. Clonus was negative. The injured worker did state that the medications were helping her manage her pain levels. The treatment plan is for the injured worker to continue her medications, so that they would help manage her pain of her neuropathic pain. The injured worker will take Gabapentin 300 mg and Motrin 800 mg. The rationale was not submitted for review. The Request for Authorization forms were submitted on 10/08/2013 for the Prilosec and 02/11/2014 for the Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol 2cc injection (DOS 03.25.2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Toradol (Ketorolac) Page(s): 67, 72-73.

Decision rationale: The injured worker complained of persistent pain in her low back, bilateral knees, and left ankle. The injured worker described the pain as aching with numbness and rated it at 6-8/10. The California MTUS guidelines indicate that Toradol is a non-steroidal anti-inflammatory drug (NSAID). NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Guidelines also state, Toradol is not recommended for minor or chronic painful conditions. At this point, the injured worker had a chronic condition. The medical necessity to inject the injured worker on 03/25/2014 was not apparent and the retrospective request to certify this injection without any medical rationale is considered not medically necessary and not consistent with MTUS Guidelines. As such, the retrospective request for Toradol 2 cc injection is not medically necessary.

Retrospective Prilosec 20mg #60 (DOS: 03.25.2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs, Prilosec (Omeprazole) Page(s): 68-69.

Decision rationale: The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any evidence that the injured worker was taking any NSAIDs. Furthermore, there was no documentation indicating that she had complaints of dyspepsia with the use of the medication, or cardiovascular disease. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include the frequency and duration. As such, the retrospective request for Prilosec 20 mg is not medically necessary.