

Case Number:	CM14-0088647		
Date Assigned:	07/23/2014	Date of Injury:	12/29/2010
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 Tennessee. 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 patient is a 47-year-old female who has submitted a claim for lumbago associated with an industrial injury date of December 29, 2010. Medical records from November 13, 2013 up to August 5, 2014 were reviewed showing ongoing severe low back pain with left leg radiculopathy. Patient is unable to work. Physical examination showed increased paraspinal muscle tenderness with radiations down left leg with SLR. MRI dated 12/2013 showed worsening and progression of disease. Treatment to date has included Hydrocodone-Acetaminophen 5-325mg, Butrans, Norco, Senna, cyclobenzaprine, ibuprofen, Effexor, Colace, and Skelaxin. Utilization review from May 29, 2014 denied the request for 30 Hydrocodone-Acetaminophen 5-325mg and 1 Toradol/Ketorolac/Tromethamine per 15mg injection. This patient exhibits neither reduced pain nor increased function and is not working. Patient is also taking Senna and Colace which are typically prescribed for constipation commonly associated with opioid use. Discontinue opioids if there is evidence of adverse effects. In the case of Toradol, guidelines do not recommend this medication for chronic painful conditions and there is a lack of proof that local diagnostic and/or therapeutic injections may benefit the patient. Toradol should be used as an alternative to opioids not as an addition to opioids as recommended by the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Hydrocodone-Acetaminophen 5-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: As stated on page 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. Discontinue opioids (a) If there is no overall improvement in function, unless there are extenuating circumstances, (b) Continuing pain with the evidence of intolerable adverse effects. Continue opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In this case, the patient has been taking Hydrocodone-Acetaminophen since 5/13/2014 in addition to Norco which the patient has been taking since 12/14/2013. Patient is still unable to work and is experiencing constipation with opioid use. There seems to be no evidence of significant functional improvement or pain relief with the use of these medications. The addition of another opioid is not warranted. Therefore the request for 30 HYDROCODONE-ACETAMINOPHEN 5-325MG is not medically necessary.

1 Toradol/Ketorolac/Tromethamine per 15mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Ketorolac (Toradol).

Decision rationale: As stated on pages 72 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Toradol is not recommended for chronic painful conditions. In addition, the Official Disability Guidelines (ODG) states that Toradol injection, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient complains of chronic back pain which is severe and not improving. Furthermore, Toradol should be used as an alternative to opioids not as an addition to opioids as recommended by the provider. Also, guidelines do not support the use of Toradol for chronic pain. Therefore, the request for 1 TORADOL/KETOROLAC/TROMETHAMINE PER 15MG INJECTION is not medically necessary.