

Case Number:	CM14-0177764		
Date Assigned:	10/31/2014	Date of Injury:	03/30/2011
Decision Date:	03/16/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 72-year-old female who reported an injury on 03/30/2011. The mechanism of injury was the injured worker saw that a client was about to fall from the couch and grabbed and held him from falling. The injured worker indicated she felt a pull around the tailbone and both legs. The documentation of 07/30/2014 revealed the injured worker had knee pain, instability, and difficulty weight bearing. The injured worker indicated that the symptoms were severe and worsening. The injured worker indicated she had a steroid injection 2 months prior to the office visit which "helped". The injured worker was noted to be receiving ibuprofen, tizanidine, Lyrica, tramadol, and Voltaren gel and the injured worker indicated the current regimen was effective. The injured worker had a contract and agreement regarding opioid use. The injured worker had symptoms of back pain and decreased extension. The physical examination revealed the injured worker had exquisite tenderness over the lumbosacral spine. The injured worker had exquisite tenderness of the right knee. The pain was severe and constant. The diagnoses include chronic low back pain, right knee pain, lumbo/sacral disc degeneration, and lumbosacral spondylosis. There was no Request for Authorization for the requested intervention. There was no physician documentation requesting the injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Toradol injections, lumbar: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that Toradol is not recommended for minor or chronic painful conditions. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the strength and quantity of injectate and quantity of injections to be utilized. Given the above, the request for outpatient Toradol injections, lumbar is not medically necessary.

Outpatient Tramadol injections, lumbar: Upheld

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

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/tramadol.html>

Decision rationale: The California MTUS, ACOEM, and Official Disability Guidelines do not address tramadol injections. As such, tertiary guidelines were sought. Per drugs.com, utilizing the medication by injection can cause life threatening side effects, overdose, or death. There was a lack of documented rationale for the use of the medication as an injection. The request as submitted failed to indicate the strength and quantity of injectate and quantity of injections to be utilized. Given the above, the request for outpatient tramadol injections, lumbar is not medically necessary.