

Case Number:	CM14-0189988		
Date Assigned:	11/21/2014	Date of Injury:	09/20/2012
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Pain 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 is an injured worker with a date of injury of 9/20/12. A utilization review determination dated 10/15/14 recommends non-certification of Toradol, Menthoderm, and ultrasound. 10/9/14 medical report identifies pain level of 6. The provider then noted that the injured worker was there for ultrasound of LS spine, post treatment pain level is 4. Toradol injection the day before was very helpful and still feeling pain reduction. 10/2/14 medical report identifies pain level 6. Injured worker walked in that day due to excessive pain in neck/upper back and headache. No exam findings were noted. Treatment plan included chiropractic, psych evaluation/treatment, continued meds, ultrasound of full back, and Toradol injection. 9/10/14 medical report notes pain level of 8. 8/21/14 medical report notes pain level of 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tromethamine (Toradol) 30mg/ml injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptom.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol®)

Decision rationale: Regarding the request for Toradol injection, CA MTUS does not address the issue. ODG notes that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the documentation available for review, it is noted that the injured worker has a chronic injury and there is no documentation of a significant exacerbation that would require the use of medication at the opioid level at the time of the injection. Rather, the pain level was noted to be lower than at prior visits. Furthermore, no positive exam findings were noted and the injured worker's current medications were not documented. In light of the above issues, the currently requested Toradol injection is not medically necessary.

Menthoderm 120gm 4oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Menthoderm, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this injured worker. In light of the above issues, the requested Menthoderm is not medically necessary.

Ultrasound of the Full Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic Ultrasound

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Ultrasound, Therapeutic

Decision rationale: Regarding the request for Ultrasound of the Full Back, California MTUS notes that physical modalities such as ultrasound have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. ODG states that it is not "recommended based on the medical evidence," which shows that there is no proven efficacy in the treatment of acute low back symptoms. They go on to state that there is little evidence that active therapeutic ultrasound is more "effective than placebo ultrasound" for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Within the documentation available

for review, the injured worker's pain level was said to be decreased by 2 points on the VAS scale after treatment, but there is no indication of any functional improvement after these treatments. Given that and the absence of evidence-based support for the use of ultrasound in the management of back pain, there is no clear indication for its use. In light of the above issues, the currently requested Ultrasound of the Full Back is not medically necessary.