

Case Number:	CM14-0196895		
Date Assigned:	12/04/2014	Date of Injury:	12/08/2003
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 8, 2003. In a Utilization Review Report dated November 10, 2014, the claims administrator retrospectively denied a urine drug screen and Toradol injection apparently performed on September 25, 2014. The claimant had a history of earlier lumbar fusion surgery, intrathecal pain pump, lumbar fusion hardware removal, and spinal cord stimulator trial, it was acknowledged. The applicant's attorney subsequently appealed. In said September 27, 2014 progress note, the applicant reported ongoing complaints of low back with derivative complaints of anxiety. The applicant reported "no change with her back pain," it was stated in one section of the note. In another section of the note, it was stated that the applicant had experienced "aggravated pain lately." In the other section of the report, it was stated that there had been no changes in the applicant's back pain pattern. The applicant's medications included Lunesta, Dilaudid, oxycodone, Lidoderm, Soma, and OxyContin. The applicant was status post lumbar fusion surgery, it was noted. The applicant was given a Toradol injection with reportedly aggravated pain, it was stated in one section of the note. Permanent work restrictions were renewed. The applicant did not appear to be working. Oxycodone, Soma, Restoril, and drug testing were apparently performed. The drug testing of September 25, 2014, was positive for benzodiazepines and opioids. The attending provider did not comment on whether or not the test results were consistent with currently prescribed medications, although this did appear to be the case. Despite the fact that the drug test results were seemingly consistent, the attending provider did not acknowledge the consistent test results and went on to order confirmatory/quantitative testing through an outside laboratory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, provided on September 25, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing

Decision rationale: 1. No, the urine drug screen performed on September 22, 2014, was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing Topic, however, does state that an attending provider should attach the applicant's complete medications list to the request for authorization, clearly state when an applicant was last tested, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to stratify applicants in higher- or lower-risk category for which more or less frequent testing would be indicated. In this case, however, the attending provider did not clearly state why confirmatory and/or quantitative testing were performed despite the fact that initial qualitative drug screen results were compatible with the currently prescribed medications. It was not clearly identified when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Toradol injection (ketorolac tromethamine, 15 mg, provided on September 25, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11

Decision rationale: 2. Similarly, the Toradol injection performed on September 23, 2014 was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of injectable ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac or oral Toradol is not recommended for minor or chronic painful conditions. By implication, then, injectable ketorolac or injectable Toradol is not indicated for minor or chronic painful conditions. Similarly, while the Third Edition ACOEM Guidelines does acknowledge that a single dose of injectable ketorolac is a useful option to a single moderate dose of opioids for the management of applicants who present to the emergency department with severe musculoskeletal low back pain,

in this case, however, the attending provider reporting that the applicant's low back pain was, at best, incongruous. The attending provider reported on several sections of the same progress notes that the applicant had unchanged pain complaints as compared to the prior visits in several sections of the note, while then writing, somewhat incongruously that the applicant's pain complaints were aggravated. The incongruous reporting, thus, made it difficult to support the injectable ketorolac/injectable Toradol injection performed on September 25, 2014. Therefore, the request was not medically necessary.