

<b>Case Number:</b>	CM14-0197806		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/29/2005
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 has an initial date of injury of 8/29/05, when he was involved in a motor vehicle accident. There is an additional acute exacerbation of his chronic neck and low back pain that occurred around 7/25/14. Treatment of the exacerbation has included Norco, Flexeril, Neurontin, Ultracet, Anaprox, Prilosec and a Medrol Dosepak. A Toradol injection of 60 mg IM was given on 9/16/14. His current complaints include cervical, thoracic and lumbar pain and cervical radicular complaints. Diagnoses include chronic cervical, thoracic and lumbar strain/sprain, cervical and lumbar discogenic disease, cervical and lumbar disc displacement without myelopathy, and sleep disturbance. The Utilization Review of 10/23/14 did not certify the request for Prilosec 20 mg #64 for date of service of 9/16/14 and Toradol 60 mg IM for date of service of 9/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60, DOS: 9/16/14:** 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 Non-Steroidal Anti-Inflammatory drugs, GI symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

**Decision rationale:** Prilosec is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with nonsteroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple nonsteroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of a PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The medical records do not indicate that the criteria for use of proton pump inhibitors is met. Additionally there is no indication in the medical records of any gastrointestinal symptoms or side effects from medication use. The request for Prilosec 20 mg #30 is not medically necessary.

**Toradol 60mg IM, DOS 9/16/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac (Toradol).

**Decision rationale:** The MTUS notes that ketorolac (Toradol) is a nonsteroidal anti-inflammatory drug which is not indicated for minor or chronic painful conditions. The ODG guidelines do note that the oral formulation of Toradol should not be given as an initial dose, but only as continuation following IV or IM dosing. The injection is recommended as an option to corticosteroid injections in the shoulder, with up to three injections. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case the medical records do show that the injured worker has chronic cervical and lumbar pain however, there was a significant exacerbation that occurred on 7/25/14, necessitating an ER visit. The treatment notes do indicate that pain was in the 7-8/10 range. The records do not however, indicate the response to oral opioids that were used during the period of 7/28/14 through 9/16/14. The treatment note of 9/16/14 indicates that an additional 180 Norco tablets were prescribed. As such the Toradol injection was not used as an alternative to opioid therapy and is not medically necessary.