

<b>Case Number:</b>	CM14-0203478		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 is a 62 year old male, who sustained an industrial injury on 4/11/12. The injured worker has complaints of right knee and right hip pain and low back pain with right radicular complaints. The documentation noted on the PR 11/4/14, his right knee clicks when he moves and gives out and lock out on him. He has a positive straight leg on right leg; internal and external on right hip and is guarded and his left was slightly guarded. The injured worker has numbness on both legs and right knee locks up and out when walking. The diagnoses have included status post fracture right femur, right knee internal derangement and chronic low back pain status post lumbar surgery with radiculitis. Treatments in the past included having a lumbar epidural, which provided him relief for about four months maximum and therapy to his right hip and lower back and surgery with rod placement in the right femur and pins. According to the utilization review performed on 11/20/14, the requested Toradol 60mg IM injection and Protonix 20mg #60 has been non-certified. The requested Naproxen 550mg #60 has been certified. The CA MTUS, Chronic Pain Medical Treatment Guidelines, ACOEM and ODG were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 60mg IM injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 72. Decision based on Non-MTUS Citation Pain, ketorolac Product information, Toradol (ketorolac)

**Decision rationale:** Toradol (ketorolac) is a non-steroidal anti-inflammatory drug. The MTUS states that ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. The ODG guidelines state that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. (DeAndrade, 1994) Product information notes that keorolac carries a significant risk for GI bleeding, particularly used in combination wit other NSAIDs. The injured worker does have a history of peptic ulcer disease and is currently on Naproxen. In this case it would appear that the Toradol may be used, as an IM injection, as an alternative to opioid therapy however, there is no documentation of acute exacerbation of pain that would justify the injection. Toradol is not indicated as a chronic pain treatment. Additionally it appears that the risk of GI bleeding is significant and should be addressed by the provider. The use of Toradol 60mg IM is not consistent with the MTUS and ODG guidelines and is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 Pain, proton pump inhibitors

**Decision rationale:** Protonix is a proton pump inhibitor (PPI) used primarily for gastroesophageal reflux disease, esophagitis, hypersecretory conditions, upper GI bleeding and H. pylori infection. 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 recommend proton pump inhibitors for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. The medical records do note a history of peptic ulcer disease

however there is no evidence for use of first-line agents such as omeprazole OTC tablets or lansoprazole 24 hour OTC. Since Protonix is not a first-line PPI, the request for Protonix 20 mg #60 is not consistent with the MTUS guidelines and is not medically necessary.