

<b>Case Number:</b>	CM14-0204502		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 58 year old female with an injury date of 08/08/02. The patient is status post L3-S1 lumbar anterior-posterior fusion and decompression on 12/04/03, lumbar hardware removal on 01/17/05, and re-do lumbar fusion on 03/12/08. She is also status post C5-6 fusion in 1987 followed by another cervical surgery in 2012, as per AME report dated 08/18/14. As per progress report dated 10/22/14, the patient complains of stabbing pain in the neck, rated at 6/10, along with low back pain rated at 8/10. The patient also suffers from pain in bilateral arms and hands rated at 7/10. Bilateral lower extremity pain is rated at 8/10. Physical examination of the cervical spine reveals tenderness to palpation in the paracervical musculature along with reduced range of motion with flexion at 20 degrees, extension at 15 degrees, and rotation at 30 degrees. Physical examination of the bilateral upper extremities reveals tenderness to palpation in the extensor muscles along the dorsum of hand and wrist. The patient is also experiencing weakness on overhead reach along with decreased grip strength. In progress report dated 09/24/14, the patient complains of severe neck pain along with significant pain in the bilateral upper trapezius muscles. She is experiencing constant numbness and tingling in the upper extremities which appear to be worsening. Physical examination reveals mild inflammation in the cervical spine and decreased sensation at C5 and C6 dermatomal levels bilaterally. Medications, as per progress report dated 10/22/14, include Tramadol, Gabapentin, Celebrex, Benzapril and Norvasc. She has also benefited from physical therapy, as per the same report. The patient received trigger point injection in the right upper trapezius muscle on 09/24/14. The patient is not working, as per progress report dated 10/22/14. X-ray of the Lumbar Spine, 08/27/14: Degenerative changes at T12-L1 and L1-L2 with decreased joint space arthritic changes and some anterior and posterior osteophytes. Diagnoses, 10/22/14:- Status post cervical arthrodesis with chronic long-term cervicalgia- Status post lumbar decompression and fusion with

lumbalgiaThe treater is requesting for 2 INTRAMUSCULAR INJECTIONS OF (a) TORADOL (b) KENALOG (c) DEPO MEDROL. The utilization review determination being challenged is dated 11/24/14. Treatment reports were provided from 02/26/14 - 10/23/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Two intramuscular injections of Toradol: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

**Decision rationale:** The patient presents with stabbing pain in the neck, rated at 6/10, along with low back pain rated at 8/10, as per progress report dated 10/22/14. The request is for 2 INTRAMUSCULAR INJECTIONS OF TORADOL. The patient also suffers from pain in bilateral arms and hands rated at 7/10. Bilateral lower extremity pain is rated at 8/10, as per the same progress report. The patient is status post L3-S1 lumbar anterior-posterior fusion and decompression on 12/04/03, lumbar hardware removal on 01/17/05, and re-do lumbar fusion on 03/12/08. She is also status post C5-6 fusion in 1987 followed by another cervical surgery in 2012, as per AME report dated 08/18/14. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." In this case, the UR letter states that the request is for 2 intramuscular injections of Toradol, Kenalog and Depo Medrol. However, in progress report dated 10/22/14, the treater states that the patient was given of the two intramuscular injections, the first one contained Toradol while second one contained 80 mg of Kenalog and 80 mg of Depo Medrol for "acute pain." As per progress report dated 10/22/14, the patient was given the Toradol injection to treat "acute pain." The patient had also received intramuscular Taradol injections previously on 02/26/14 and on 04/23/14, as per respective progress reports. However, the treater does not indicate why patient needs Toradol injection as opposed to taking oral NSAIDs, which provide comparable level of analgesia. Additionally, MTUS does not recommend this medication for "minor or chronic pain." This request IS NOT medically necessary.

#### **Two intramuscular injections of Kenalog: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Low Back Pain - Lumbar and Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** The patient presents with stabbing pain in the neck, rated at 6/10, along with low back pain rated at 8/10, as per progress report dated 10/22/14. The request is for 2 INTRAMUSCULAR INJECTIONS OF KENALOG. The patient also suffers from pain in bilateral arms and hands rated at 7/10. Bilateral lower extremity pain is rated at 8/10, as per the same progress report. The patient is status post L3-S1 lumbar anterior-posterior fusion and decompression on 12/04/03, lumbar hardware removal on 01/17/05, and re-do lumbar fusion on 03/12/08. She is also status post C5-6 fusion in 1987 followed by another cervical surgery in 2012, as per AME report dated 08/18/14. ODG guidelines, chapter 'Low Back Pain - Lumbar and Thoracic (Acute & Chronic)' and topic 'Corticosteroids (oral/parenteral/IM for low back pain)', state that steroids such as Kenalog are "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain." Criteria for use include (1) Patients should have clear-cut signs and symptoms of radiculopathy; (2) Risks of steroids should be discussed with the patient and documented in the record; (3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; (4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury." In this case, the UR letter states that the request is for 2 intramuscular injections of Toradol, Kenalog and Depo Medrol. However, in progress report dated 10/22/14, the treater states that the patient was given of the two intramuscular injections, the first one contained Toradol while second one contained 80 mg of Kenalog and 80 mg of Depo Medrol for "acute pain." She also received a 2 cc Kenalog and 2 cc Depo Medrol injection on 04/23/14, as per the progress report with the same date. The patient does suffer from neck and back pain that radiates to bilateral upper and lower extremities, as per progress report dated 10/22/14. She is also experiencing numbness and tingling in the upper extremities along with decreased sensation in C5 and C6 dermatomal distribution. These may be signs of radiculopathy. However, given the patient's date of injury, these injections are not part of early treatment, where they are most successful. Additionally, the treater does not document discussing the side effects and impact of the corticosteroid injections with the patient. Hence, the request IS NOT medically necessary.

**Two intramuscular injections of Depo Medrol:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Low Back Pain - Lumbar and Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** The patient presents with stabbing pain in the neck, rated at 6/10, along with low back pain rated at 8/10, as per progress report dated 10/22/14. The request is for 2 INTRAMUSCULAR INJECTIONS OF DEPO MEDROL. The patient also suffers from pain in bilateral arms and hands rated at 7/10. Bilateral lower extremity pain is rated at 8/10, as per the same progress report. The patient is status post L3-S1 lumbar anterior-posterior fusion and decompression on 12/04/03, lumbar hardware removal on 01/17/05, and re-do lumbar fusion on 03/12/08. She is also status post C5-6 fusion in 1987 followed by another cervical surgery in 2012, as per AME report dated 08/18/14. ODG guidelines, chapter 'Low Back Pain - Lumbar and Thoracic (Acute & Chronic)' and topic 'Corticosteroids (oral/parenteral/IM for low back pain)', state that steroids such as Kenalog are "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain." Criteria for use include (1) Patients should have clear-cut signs and symptoms of radiculopathy; (2) Risks of steroids should be discussed with the patient and documented in the record; (3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; (4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury." In this case, the UR letter states that the request is for 2 intramuscular injections of Toradol, Kenalog and Depo Medrol. However, in progress report dated 10/22/14, the treater states that the patient was given of the two intramuscular injections, the first one contained Toradol while second one contained 80 mg of Kenalog and 80 mg of Depo Medrol for "acute pain." She also received 2 cc Kenalog and 2 cc Depo Medrol injection on 04/23/14, as per the progress report with the same date. The patient does suffer from neck and back pain that radiates to bilateral upper and lower extremities, as per progress report dated 10/22/14. She is also experiencing numbness and tingling in the upper extremities along with decreased sensation in C5 and C6 dermatomal distribution. These may be signs of radiculopathy. However, given the patient's date of injury, these injections are not part of early treatment, where they are most successful. Additionally, the treater does not document discussing the side effects and impact of the corticosteroid injections with the patient. Hence, the request IS NOT medically necessary.