

Case Number:	CM14-0210807		
Date Assigned:	12/23/2014	Date of Injury:	05/06/1999
Decision Date:	02/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/16/2014

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 Rehabilitation, 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 54 year-old patient sustained an injury on 5/6/1999 while employed by [REDACTED]. Request(s) under consideration include 1 injection of Toradol 60mg and 1 prescription of Norco 10/325mg #120. Diagnoses include Lumbago/ chronic lumbar spine pain and left lower extremity pain. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Cymbalta, Ibuprofen, and Norco. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/18/14 from the provider noted continued chronic spine pain rated at 6/10. Exam showed unchanged findings of antalgic gait; tenderness and spasm of the lumbar spine and left thoracic region with decreased motor strength. The request(s) for 1 injection of Toradol 60mg was denied and 1 prescription of Norco 10/325mg #120 was modified for weaning on 12/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Injection of Toradol 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 54 year-old patient sustained an injury on 5/6/1999 while employed by [REDACTED]. Request(s) under consideration include 1 injection of Toradol 60mg and 1 prescription of Norco 10/325mg #120. Diagnoses include Lumbago/ chronic lumbar spine pain and left lower extremity pain. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Cymbalta, Ibuprofen, and Norco. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/18/14 from the provider noted continued chronic spine pain rated at 6/10. Exam showed unchanged findings of antalgic gait; tenderness and spasm of the lumbar spine and left thoracic region with decreased motor strength. The request(s) for 1 injection of Toradol 60mg was denied and 1 prescription of Norco 10/325mg #120 was modified for weaning on 12/5/14. Ketorolac Tromethamine (Toradol), a non steroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a boxed warning as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications to include Ibuprofen, another NSAID. Submitted report has no documented medical indication as to concurrent use for this injection along with oral NSAID Ibuprofen which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac injection for chronic pain without demonstrated acute flare-up. One Injection of Toradol 60mg is not medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 54 year-old patient sustained an injury on 5/6/1999 while employed by [REDACTED]. Request(s) under consideration include 1 injection of Toradol 60mg and 1 prescription of Norco 10/325mg #120. Diagnoses include Lumbago/ chronic lumbar spine pain and left lower extremity pain. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Cymbalta, Ibuprofen, and Norco. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/18/14 from the provider noted continued chronic spine pain rated at 6/10. Exam showed unchanged findings of antalgic gait; tenderness and spasm of the lumbar spine and left thoracic region with decreased motor strength. The request(s) for 1 injection of Toradol 60mg was denied and 1 prescription of Norco 10/325mg #120 was modified for weaning on 12/5/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients

with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. Previous UDS dated 10/30/14 showed inconsistent findings negative for Hydrocodone without any change in regimen. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 1 prescription of Norco 10/325mg #120 is not medically necessary and appropriate.