

Case Number:	CM14-0031039		
Date Assigned:	06/20/2014	Date of Injury:	06/27/2008
Decision Date:	01/27/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 Family Practice 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:

Injured worker is a 53 year old female with date of injury 06/27/2008. The mechanism of injury is not noted in the record submitted for review. The request is for a Retro Hydromorphone 1 mg/ml injection and Ketorolac 30 mg injection that claimant received in the ER on 11/19/2013. She went to ER with complaints of back pain, chronic neck and shoulder pain. The medical diagnosis is cervical disc displacement without myelopathy cervical spondylosis without myelopathy, spasm of the muscle, postlaminectomy syndrome of cervical region, lumbosacral spondylosis without myelopathy, pain in limb. Patient underwent anterior cervical discectomy and fusion (ACDF) at C4-C6 in 2009. This request was non certified on 02/11/14. The current medications are listed as Norco, MS Contin, Topamax, Zofran, Cyclobenzaprine, Relafen, Simvastatin, Atenolol, and Metformin and Lidocaine 5 percent ointment. Per record, claimant is able to identify objective evidence of improved function as a result of her medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 1 mg/ml injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone Page(s): 93.

Decision rationale: CA MTUS AOEM and chronic pain guidelines do not specifically address retrospective Hydromorphone 1 mg/ml IM injection: Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, certification of the requested medication is not recommended.

Ketorolac 30mg intramuscular injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG online, Pain, Ketorolac (Toradol).

Decision rationale: CA MTUS chronic pain does not specifically address the request for retrospective Ketorolac 30 mg IM injection: ODG states: Ketorolac (Toradol) listing for more information and references, where it is indicated that the oral formulation 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 Chapter, with up to three injections. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy.