

Case Number:	CM14-0072448		
Date Assigned:	07/16/2014	Date of Injury:	10/07/1997
Decision Date:	07/30/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/19/2014

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: Texas, New York, California
 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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury October 7, 1997. In a Utilization Review report dated April 20, 2014, the claims administrator failed to approve requests for a Toradol injection, Lyrica, and Percocet. Partial approvals of Lyrica and Percocet were apparently issued for weaning or tapering purposes. The claims administrator referenced a March 4, 2014 RFA form and associated progress note in its determination. The applicant's attorney subsequently appealed. On January 7, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. The applicant was reportedly depressed and tearful owing to familial issues. The applicant had been splinted for a non-industrial fracture, it was suggested. The applicant was given refills of Lyrica, Percocet, Ambien, and Ativan, without any seeming discussion of medication efficacy. The applicant's work status was not detailed. On March 4, 2014, the applicant reported ongoing complaints of low back pain with ancillary complaints of elbow and wrist pain. The applicant exhibited a Toradol injection for heightened pain complaints in the clinic setting. Ambien, Ativan, Lidoderm, Lyrica, and Percocet were renewed, without any seeming discussion of medication efficacy. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection 30mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects: Toradol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg 941 [A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculo- skeletal LBP.

Decision rationale: Yes, the Toradol injection administered on March 4, 2014 was medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address the topic of injectable ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. The Third Edition ACOEM Guidelines Chronic Pain Chapter notes, however, that an injection of injectable ketorolac or Toradol is comparable to a single moderate dose of opioids for applicants who present to the emergency department with severe musculoskeletal low back pain. Here, by analogy, the applicant presented to the clinic on March 4, 2014 reporting heightened musculoskeletal pain complaints. An injection of ketorolac was indicated to combat the same. Therefore, the request was medically necessary.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

Decision rationale: Conversely, the request for Lyrica, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and by analogy, neuropathic pain complaints in general, as were/are present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant's work status was not detailed in the March 4, 2014 office visit on which Lyrica was renewed. The applicant's heightened pain complaints, coupled with the applicant's continued dependence on opioid agents such as Percocet, however, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

Percocet 10/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet(oxycodone & acetaminophen) Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not detailed on March 4, 2014. The attending provider failed to outline meaningful or material improvements in function effected as a result of ongoing Percocet usage on that date. The attending provider likewise suggested that the applicant's pain complaints were heightened despite ongoing Percocet usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.