

Case Number:	CM15-0008276		
Date Assigned:	01/23/2015	Date of Injury:	03/06/2013
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 42 year old male, who sustained an industrial injury on 3/06/2013. The diagnoses have included lumbar degenerative joint and disc disease, myofascial pain, lumbosacral or thoracic neuritis or radiculitis, and lumbar facet arthropathy. Treatment to date has included conservative measures. Currently, the injured worker complains of lumbar pain, rated 7/10, with radiation down the left lower extremity. A magnetic resonance imaging of the lumbar spine from 4/17/2013 was documented as showing L4-5 mild disc degeneration with broad central/paracentral 2mm disc protrusion and facet arthropathy. L5-S1 mild disc degeneration and bulging with left paracentral 4mm disc protrusion, with compression of the sacroiliac nerve root. Tenderness was noted to bilateral lumbosacral paraspinal areas, positive percussion at L4, L5, and S1. The progress report, dated 11/08/2014, noted recommendation for electromyogram/nerve conduction studies. Electromyogram/nerve conduction studies were performed on 11/13/2014, and noted consistencies with left lumbar radiculopathy with the involved nerve roots appearing to be both L5 and S1. Chronicity was estimated at subacute or longer, and the possibility of an acute overlay could not be excluded. The PR2 report, dated 11/26/2014, noted a recommendation to avoid often Toradol injection due to side effect. Previous Toradol injections, multiple, were noted. On 12/16/2014, Utilization Review (UR) non-certified a request for nerve conduction study to the right lower extremity (11/26/2014), nerve conduction studies to the left lower extremity (11/26/2014), and Toradol injection 60mg (3/19/2014). The UR physician cited MTUS Chronic Pain Medical Treatment Guidelines, ACOEM, and Official Disability guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS right lower extremity: 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 and Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Additionally, the treating physician refers to clinically obvious radiculopathy of both lower extremities. EMG performed on 11/11/14 confirmed lumbar radiculopathy at left L5 and S1. As such, the request for NCV OF THE LOWER RIGHT EXTREMITY is not medically necessary.

NCS left lower extremity: 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 and Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Additionally, the treating physician refers to clinically obvious radiculopathy of both lower extremities. EMG performed on 11/11/14 confirmed lumbar radiculopathy at left L5 and S1. As such, the request for NCV OF THE LOWER LEFT EXTREMITY is not medically necessary.

Toradol injection 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Ketorolac/Toradol is an NSAID. MTUS is silent on Ketorolac specifically, but MTUS has four recommendations regarding NSAID use in general: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. ODG states the following: "Ketorolac (Toradol, generic available): The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain (transition from IV or IM) for adults < 65 years of age: 20mg PO followed by 10mg PO every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose." The employee has chronic pain and has been taking Toradol 2/7/14, 2/21/14 and 3/19/14. There is not discussion on the least reported pain over the period since last assessment, intensity of pain after taking Toradol, pain relief, increased level of function, or improved quality of life. Therefore, the request for Toradol is not medically necessary.