

<b>Case Number:</b>	CM15-0133455		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	02/06/2002
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66-year-old female who sustained an industrial injury on 2/6/2002 resulting in neck and low back pain and stiffness. She was diagnosed with cervical spondylosis with radiculopathy, and lumbar spinal stenosis. Treatment has included physical therapy with report of relief of pain and weakness, and medication, which she says, provides pain relief and increases her ability to function. The injured worker has been reporting an acute exacerbation of neck and back pain causing sleep interruptions, and impacting activities of daily living. The treating physician's plan of care includes Ultram 50 mg, P3 topical compound, Toradol injection, 12 chiropractic visits, and a urine drug toxicology screen. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection performed on 5/28/15: 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), Pain chapter - Ketorolac (Toradol).

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

**Decision rationale:** This patient presents with an acute exacerbation of neck and back pain. The current request is for Toradol injection performed on 5/28/15. The RFA is dated 06/03/15. Treatment history includes toradol injections, medications and physical therapy. She is presently not working. MTUS Chronic Pain Guidelines on page 72 states, 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." According to progress report 05/28/15, the patient presents with an acute exacerbation of neck and back pain. Examination of the neck revealed tenderness of the posterior cervical and bilateral trapezial musculature with decreased ROM. Examination of the lower back revealed tenderness about the lower paravertebral musculature with decreased ROM. The treater states that the patient has an acute exacerbation of pain, which keeps her up at night, and a Toradol injection was administered. Review of the medical records indicates that the patient was given a Toradol injection on 02/26/15, and 11/20/14 for chronic low back pain. The suffers from chronic back pain and the treater continues to administer Toradol injections. In the absence of evidence of true acute flare-up or injury, the requested injection is not supported by guidelines and cannot be substantiated. The request IS NOT medically necessary.

**Short course of chiropractic treatment; twelve (12) visits (2x6), cervical and lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

**Decision rationale:** This patient presents with an acute exacerbation of neck and back pain. The current request is for Short course of chiropractic treatment; twelve (12) visits (2x6), cervical and lumbar spine. The RFA is dated 06/03/15. Treatment history includes toradol injections, medications and physical therapy. She is presently not working. MTUS Guidelines, pages 58-59, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. According to progress report 05/28/15, the patient presents with an acute exacerbation of neck and back pain. Examination of the neck revealed tenderness of the posterior cervical and bilateral trapezial musculature with decreased ROM. Examination of the lower back revealed tenderness about the lower paravertebral musculature with decreased ROM. The treater states that the patient has an acute exacerbation of pain, which keeps her up at night and has

requested Chiropractic treatments. There is no indication of prior chiropractic treatments. MTUS recommends as a trial 6 visits and with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. The requested initial 12 sessions exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

**Ultram 50mg #30 with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** This patient presents with an acute exacerbation of neck and back pain. The current request is for Ultram 50mg #30 with two refills. The RFA is dated 06/03/15. Treatment history includes toradol injections, medications and physical therapy. She is presently not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 05/28/15, the patient presents with an acute exacerbation of neck and back pain. Examination of the neck revealed tenderness of the posterior cervical and bilateral trapezial musculature with decreased ROM. Examination of the lower back revealed tenderness about the lower paravertebral musculature with decreased ROM. The treater has requested a refill of Ultram. The patient has been utilizing Ultram since at least 08/21/14. UDS are routinely administered and an opioid agreement is on file. However, there is no discussion of specific functional improvement, changes in ADL's or change in work status. There is no validated instrument to denote a decrease in pain level either. Not all the 4A's have been addressed as required by MTUS, for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

**P3 topical compound 120gm b.i.d. to t.i.d. as need: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** This patient presents with an acute exacerbation of neck and back pain. The current request is for P3 topical compound 120gm b.i.d. to t.i.d. as needed. The RFA is dated 06/03/15. Treatment history includes medications and physical therapy. She is presently not working. The MTUS has the following regarding topical creams (p111, chronic pain

section): "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." It further states, there is little to no research to support the use of many of these agents. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to progress report 05/28/15, the patient presents with an acute exacerbation of neck and back pain. Examination of the neck revealed tenderness of the posterior cervical and bilateral trapezial musculature with decreased ROM. Examination of the lower back revealed tenderness about the lower paravertebral musculature with decreased ROM. The treater has requested P3 topical compound 120gm b.i.d. to t.i.d. as needed. The medical file includes no discussion regarding the requested topical pain cream. The progress reports and Request for Authorization do not specify what ingredients are in this requested pain crème. Recommendation cannot be made on a topical cream without knowing its components. Furthermore, MTUS states that topical analgesic is largely experimental. This request IS NOT medically necessary.

**Urine drug toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter-Criteria for use of Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** This patient presents with an acute exacerbation of neck and back pain. The current request is for Urine drug toxicology screen. The RFA is dated 06/03/15. Treatment history includes toradol injections, medications and physical therapy. She is presently not working. MTUS Chronic Pain Medical Treatment Guidelines, Page 43 has the following under Drug Testing: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." According to progress report 05/28/15, the patient presents with an acute exacerbation of neck and back pain. Examination of the neck revealed tenderness of the posterior cervical and bilateral trapezial musculature with decreased ROM. Examination of the lower back revealed tenderness about the lower paravertebral musculature with decreased ROM. The treater recommended a repeat UDS. The patient has had a UDS on 02/25/15 and 11/20/14. The treater states that the patient is referred for a UDS every 3 months. In this case, the treater does not state that this patient is at

high risk for aberrant behavior. There is no discussion as to whether this patient is considered at risk for drug abuse/diversion necessitating such frequent screening. Without a rationale as to why this patient requires more frequent urine drug screening, or a discussion of suspected non-compliance or diversion, the requested urine drug screen cannot be substantiated. The request IS NOT medically necessary.