

Case Number:	CM15-0136444		
Date Assigned:	07/24/2015	Date of Injury:	12/03/2009
Decision Date:	08/27/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 61-year-old who has filed a claim for chronic pain syndrome and migraine headaches reportedly associated with an industrial injury of December 3, 2009. In a Utilization Review Report dated July 13, 2015, the claims administrator failed to approve a request for oral Tramadol and a Toradol injection. The claims administrator referenced a July 7, 2015 office visit and an associated RFA form of July 8, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 7, 2015 office visit, the applicant reported ongoing complaints of headaches, at times severe. The applicant received Botox injections. Ancillary complaints of chronic neck pain were noted. The applicant also had other pain generators, including the bilateral shoulders, bilateral elbows, wrists, knees, hips, and ankles. Pain complaints collectively rated at 7/10 were reported. The attending provider stated that the combination of Tramadol, topical Pennsaid, and Lidoderm patches had ameliorated the applicant's pain complaints and the Prozac had ameliorated the applicant's depressive issues. The applicant denied any active suicidal attempt. The applicant's complete medication list, stated in another section of note, included Tramadol, Pennsaid, Prilosec, Colace, Zofran, Prozac, Ativan, and Ambien, it was reported. The applicant had undergone earlier failed cervical fusion surgery, it was reported. The applicant was placed off of work, on total temporary disability, while multiple medications were renewed, including the Tramadol at issue. The attending provider suggested that he was requesting or reserving a repeat Toradol injection for future flares of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

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

Decision rationale: No, the request for Tramadol, a synthetic 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 was off of work, on total temporary disability, it was acknowledged on the July 7, 2015 office visit at issue. While the attending provider did state that various medications, including Tramadol, were beneficial, these reports were however, outweighed by the applicant's failure to return to work, the applicant's reports of pain complaints as high as 7/10 on July 7, 2015, despite ongoing tramadol usage, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.

Toradol injection 60mg #1: 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), Ketorolac.

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, Chronic Pain, 3rd ed., pg. 942.

Decision rationale: Similarly, the request for a Toradol injection was likewise, not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, there was no mention of the applicant's having an acute flare of pain on or around the July 7, 2015 office visit at issue. Rather, the attending provider stated that he was reserving and/or requesting Toradol injections for future flares of pain. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that a single dose of injectable ketorolac (Toradol) does represent a useful alternative to a single

moderate dose of opioids for applicants who present to the emergency department with acute or severe musculoskeletal low back pain, here, again, there is no mention of the applicant's having severe musculoskeletal low back pain on or around the date of the request, July 7, 2015. Rather, the attending provider seemingly suggested that he was making this request in advance for future potential flares of severe pain. It was not, however, necessarily inevitable that the applicant would present to the clinic setting with acute flares of same in the future. Therefore, the request for a future Toradol injection was not medically necessary.