

Case Number:	CM15-0136529		
Date Assigned:	07/24/2015	Date of Injury:	07/01/2002
Decision Date:	09/21/2015	UR Denial Date:	06/12/2015
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 53-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 1, 2002. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for morphine, Norco, Soma, and Toradol injection. The claims administrator referenced date of service of May 4, 2015 in its determination. On June 29, 2015, the applicant reported an average pain score of 5/10. The applicant reported current pain score of 8/10. The applicant was described as having some good days and bad days. It was suggested in one section of the note that the applicant was still working. The applicant's medications include MS Contin, Norco, Soma, Dilaudid, Medrol, and Vicodin, it was reported. It was not clear when the applicant's medication list was last updated, however. Occipital nerve blocks were sought. The applicant had undergone earlier cervical fusion surgery, it was acknowledged. The applicant was asked to continue Norco, MS Contin, Soma, and Prilosec. Permanent work restrictions were renewed. On June 1, 2015, the applicant reported ongoing complaints of neck pain, 5/10 with ancillary complaints of headaches and upper extremity pain. In a progress note dated April 6, 2015, the applicant reported an average pain score of 5/10. The applicant stated that she was deriving moderate pain relief from analgesic medications. Analgesic medications include morphine and Norco. The applicant's medications again reportedly included Soma, Norco, MS Contin, Prilosec, Dilaudid, and Vicodin, it was reported. Once again, it was not stated when the applicant's medication list was last updated. The applicant was asked to continue current medications. The attending provider maintained that the applicant was deriving appropriate analgesia as a result of medication

consumption and further suggested that the applicant was maintaining full-time work status. The applicant was given a Toradol injection. There was, however, no seeming mention of the applicant's having any flare and pain. MS Contin, Norco, and Soma were all renewed. Occipital nerve blocks were sought. It was stated that the applicant was using Nexium for cytoprotective effect as opposed to for actual symptoms of reflux. On May 4, 2015, the applicant again received Toradol injection. The applicant was asked to continue MS Contin, Soma, Nexium, and Norco. Once again, it was stated that the applicant was using Nexium for cytoprotective effect as opposed to for actual symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

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

Decision rationale: Yes, the request for MS Contin, a long-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained full-time work status, the treating provider reported on multiple office visits of mid-2015, referenced above. The applicant was deriving at least moderate analgesia as a result of ongoing medication consumption, the treating provider contented. The treating provider maintained that ongoing usage of medications, including MS Contin, had ameliorated the applicant's ability to perform activities of daily living. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; Functional Restoration Approach to Chronic Pain Management Page(s): 78; 7.

Decision rationale: Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Here, however, the attending provider's failure to furnish the applicant with variety of different short-acting opioids, including Dilaudid suppositories, oral

Norco, and oral Vicodin, all of which the applicant described as using on office visits of April 6, 2015, May 4, 2015, and June 1, 2015, taken together, strongly suggested that the applicant was in fact using more than the lowest possible dose of opioids needed to improve pain and function. While it is possible that the applicant was not, in fact, using some of the medications at issue as the attending provider's documentation of the applicant's medication list may have included historical carry-overs for previous dates of service, such reporting, however, makes it difficult to support the request as written, particularly in light of the fact that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that a prescribing provider should be knowledgeable regarding prescribing information. Here, thus, the request for Norco cannot be supported as written, particularly as there was some question as to whether the applicant was in fact using two other short-acting opioids, Dilaudid and Vicodin. Therefore, the request was not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodol 350TM, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioids agents. Here, the applicant was in fact using a variety of opioid agents, including, at a minimum, morphine and Norco. Adding carisoprodol or Soma to the mix was not recommended. It was further noted that renewal for 90 tablets of Soma, in and of itself, represents treatment in excess of the 2- to 3-week limit suggested on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines for carisoprodol (Soma) usage. Therefore, the request was not medically necessary.

Toradol 60mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain (Chronic).

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. 942 [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: Finally, the request for a Toradol (ketorolac) injection was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically

address the injectable ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is not indicate for minor or chronic painful conditions. By implication, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that a single dose of injectable ketorolac or Toradol is a useful alternative to single moderate dose of opioids in applicants who present to the emergency department with severe musculoskeletal low back pain, here, however, there was no mention of the applicant having issues with severe musculoskeletal pain complaints on or around the date in question, May 4, 2015. There was no mention of the applicant's having any acute flare of pain complaints on that date. The fact that Toradol injections were administered both on May 4, 2015 and on April 6, 2015 strongly suggested that injectable Toradol was in fact employed for minor or chronic pain purposes as opposed to the acute flare of pain role for which injectable Toradol is indicated, per page 72 of the MTUS Chronic Pain Medical Treatment Guidelines and per page 942 of the Third Edition ACOEM Practice Guidelines Chronic Pain Chapter. Therefore, the request was not medically necessary.