

Case Number:	CM15-0147245		
Date Assigned:	08/10/2015	Date of Injury:	06/06/2003
Decision Date:	09/29/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of June 6, 2003. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests four (4) ketorolac (Toradol) injections and oral Norco. The claims administrator referenced a June 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant reported ongoing complaints of low back and leg pain. The applicant was seen in the emergency department recently, the treating provider acknowledged where she had apparently received an injection of Dilaudid. 7/10 pain complaints were noted. The applicant was reportedly able to bathe herself, dress herself, brush her teeth as a result of ongoing medication consumption, the treating provider reported. The applicant's medications included Norco, two separate topical compounds, and Motrin, it was reported. The applicant reported derivative complaints of depression, insomnia, nausea, and vomiting, it was acknowledged. The applicant was placed off of work, on total temporary disability. The applicant was apparently considering lumbar spine surgery, it was reported. Norco was refilled. A package of four Toradol injections was apparently ordered. On April 24, 2015, the applicant was placed off of work, on total temporary disability. Norco and a packet of four Toradol injections were again ordered while the applicant was placed off of work, on total temporary disability. The applicant was asked to consider lumbar spine surgery. On March 24, 2015, the applicant was again placed off of work, on total temporary disability, while Norco, Motrin, and a packet of four Toradol injections were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 6.17.15-6.25.15 1 IM therapeutic injection, ketorolac tromethamine per 15mg, in a QTY of 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Chronic Pain, 3rd ed., 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: No, the request for a packet of four (4) ketorolac (Toradol) injections was not medically necessary, medically appropriate, or 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 notes that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, thus, injectable ketorolac or Toradol was 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 ketorolac appears to be useful alternative to a single moderate dose of opioid in applicants who present to the emergency department with severe musculoskeletal low back pain. Here, however, all evidence on file pointed to the attending provider and/or applicant's employing injectable ketorolac or Toradol for chronic pain purposes. The fact that the attending provider ordered ketorolac injections on office visits of March 24, 2015, April 24, 2015, July 15, 2015, and June 17, 2015, taken together, strongly suggested that the applicant was in fact receiving the ketorolac (Toradol) injections at issue on a regular, frequent, and perhaps scheduled basis, for chronic pain complaints. Such usage, however, ran counter to the philosophy espoused both on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 942 of the Third Edition ACOEM Practice Guidelines Chronic Pain Chapter. Therefore, the request was not medically necessary.

Retro DOS: 6.17.15-6.25.15 -200 Norco 10mg/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; Opioids, differentiation: dependence & addiction Page(s): 80; 86.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise 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, it was acknowledged on multiple office visits, referenced above, including dated July 15, 2015. Pain complaints as high as 7/10 was reported on that date, While the attending provider stated that the applicant's medications were beneficial in terms of reducing the applicant's pain complaints, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to cook, bathe herself, and brush her teeth as a result of ongoing medication consumption did not constitute evidence of substantive benefit achieved as a result of ongoing Norco usage. Page 86 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that frequent visits to the pain center or emergency room are risk factors for and/or markers of opioid dependence and/or addiction. Here, the attending provider acknowledged on July 15, 2015 that the applicant had gone in the emergency department on July 4, 2015 to receive an injection of Dilaudid. Discontinuing opioid therapy, thus, appeared to be a more appropriate option than continuing the same, given the foregoing. Therefore, the request was not medically necessary.