Case Number:	CM15-0163171		
Date Assigned:	08/31/2015	Date of Injury:	06/24/2013
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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 60 year old female, who sustained an industrial injury on June 24, 2013. She reported severe neck pain and confusion. Treatment to date has included medications, TENS unit, MRI, cervical collar, CT scan, toxicology screen, electrodiagnostic study, cervical epidural injections, trigger point injections and home exercise program. Currently, the injured worker complains of constant, sharp pain and numbness in her neck that radiates up to her head and is rated at 9 on 10. She reports headaches, and constant, sharp pain in her bilateral shoulders (left greater than right). The shoulder pain radiates around the neck and down her arms bilaterally with periodic weakness and stiffness reported in her arms and hands bilaterally and is rated at 9-10 on 10. Lastly, she reports constant, sharp upper back pain located between her shoulder blades and is rated at 9 on 10. The injured worker is currently diagnosed with multilevel cervical disc bulging and cervical radiculopathy. Her work status is temporary total disability. A note dated June 10, 2015 states the injured workers pain is reduced from 9 on 10 to 5 on 10 with medication. The note also states the injured worker is able to engage in activities of daily living and experiences improved function from her medication. A note dated July 22, 2015, states the injured worker experienced complete relief from symptoms for ten days from the first epidural injection; however, there was minimal relief from the subsequent injection. The note also states the trigger point injections were beneficial for one month and she is utilizing the TENS unit. The medications, Duexis 26.6-800 mg #90, to decrease inflammation and pain and reduce stomach upset, and Toradol 60 mg intramuscularly (times one), to decrease inflammation and reduce pain, are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 26.6/800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient was injured on 06/24/13 and presents with severe neck pain and arm pain. The request is for Duexis 26.6/800 MG #90 for inflammation. There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 04/28/15. Duexis is an Ibuprofen and famotidine combination is used to relieve the symptoms of rheumatoid arthritis and osteoarthritis. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has spasm along her cervical spine, facet tenderness, radiculopathy on the right at C5-7, tenderness to palpation over the cervicotrapezial ridge, tenderness to palpation at C5-7 bilaterally, pain with axial compression, pain with range of motion, and decreased sensation at C5-7 bilaterally. She is diagnosed with multilevel cervical disc bulging and cervical radiculopathy. None of the reports provided discuss how Duexis impacted the patient's pain and function. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Duexis is not medically necessary.

Toradol 60mg IM x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: The patient was injured on 06/24/13 and presents with severe neck pain and arm pain. The request is for Toradol 60 mg IM x 1. There is no RFA provided and the patient is on temporary total disability. Treatment reports are provided from 01/07/15 to 06/10/15 and it is unclear when this request for Toradol was made. The patient had a Toradol injection on 06/10/15. MTUS Guidelines, Injectable Ketorolac vs. Oral Ibuprofen- NSAIDs, specific drug list& adverse effects, page 72 states that "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." The patient has spasm along her cervical spine, facet tenderness, radiculopathy on the right at C5-7, tenderness to palpation over the cervicotrapezial ridge, tenderness to palpation at C5-7 bilaterally, pain with axial compression, pain with range of motion, and decreased sensation at C5-7 bilaterally. She is diagnosed with multilevel cervical disc bulging and cervical radiculopathy. The patient had a Toradol injection on 06/10/15; however, there is no indication of any relief and reduction in medication the patient may have had. The reason for the request is not provided. There is lack of any support from the guidelines for the use of this medication for chronic pain. Oral Ibuprofen appears as good as IM Toradol for acute pain according to one study. The requested Toradol injection is not medically necessary.