MAXIMUS Federal Services

Case Number:	CM15-0163386		
Date Assigned:	08/31/2015	Date of Injury:	12/04/1991
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 4, 1991. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve requests for injectable ketorolac and oral rabeprazole. The claims administrator referenced an RFA form dated July 17, 2015 in its determination, along with a July 14, 2015 progress note. Non-MTUS ODG Guidelines were seemingly invoked in the determination. The applicant and/or applicant's attorney subsequently appealed. In a letter seemingly dated August 15, 2015, the applicant personally appealed both decisions. The applicant contended that he had a history of reflux with an associated hiatal hernia and was reportedly using rabeprazole for the same. On January 2, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. Norco was renewed. The applicant was asked to continue Lidoderm, Lunesta, and AcipHex. A Toradol injection was ordered on this date. It was not clear whether the Toradol injection was actually administered on this date, it was incidentally noted. On April 7, 2015, the applicant was described as having 100% disability. A new lumbar MRI was endorsed. Norco was prescribed. On July 14, 2015, rabeprazole and Norco were renewed and/or continued. The applicant was considering epidural steroid injection. Injectable Toradol syringes were endorsed. It was again reiterated that the applicant was 100% disabled. The attending provider nevertheless contended that the applicant's medications were beneficial in terms of ameliorating the activities of daily living such as walking his dog.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoralac 30mg/ml inj 2ml #8 plus 4 refills: 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 - 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, 3rd ed., Chronic Pain, pg. 942.

Decision rationale: No, the request for injectable ketorolac (Toradol) was not medically necessary, medically appropriate, or indicated here. As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication, injectable ketorolac or Toradol is likewise not indicated in the treatment of minor or chronic painful conditions. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge a single dose of injectable ketorolac or Toradol is a useful alternative to a single moderate dose of opioids in the management of individuals who present to the emergency department with musculoskeletal low back pain. Here, however, the July 14, 2015 progress note at issue made no mention of the claimant's having experienced any acute or severe flare in low back pain complaints on that date. Rather, it appeared that injectable ketorolac or Toradol was in fact being employed for minor or chronic painful conditions. The fact that injectable ketorolac or Toradol was ordered at multiple office visits, referenced above, including on July 14, 2015, April 7, 2015, January 2, 2015, etc., without any documented acute flare in symptomatology, strongly suggested that injectable ketorolac or Toradol was in fact being employed for minor or chronic painful conditions. Such usage, however, runs counter to principles articulated both on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 942 of the Third Edition ACOEM Guidelines Chronic Pain Chapter. Therefore, the request was not medically necessary.

Rabeprazole 20mg #30 plus 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Proton pump inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Conversely, the request for rabeprazole (AcipHex), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as rabeprazole (AcipHex) are indicated in the treatment of NSAID-induced dyspepsia. Here, the applicant's appeal letter dated August 15, 2015 seemingly suggested that the applicant had in fact developed issues with reflux secondary to a hiatal hernia. Usage of AcipHex was, thus, indicated to combat the same. Therefore, the request was medically necessary.