

Case Number:	CM15-0164903		
Date Assigned:	09/02/2015	Date of Injury:	01/17/1996
Decision Date:	10/06/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female injured worker suffered an industrial injury on 1-17-1996. The diagnoses included chronic low back pain with anterior fusion 2007 and posterior fusion 2012 and bilateral sacroiliac joint dysfunction. On 7-15-2015 the treating provider reported back pain and bilateral leg pain at its worst was rated 10 out of 10 without medications. She reported no change in the back pain with shooting pain to both legs, left worse than right. She used Actiq Lollipop 250 mcg alternating 1 per day and 2 per day along with Dilaudid 8 mg 4 x daily and MS Contin 100 mg every 8 hours. She reported the pelvic pain seemed to be getting more stable. On average the pain was 6 out of 10. On exam there was tenderness to the low back with reduced range of motion and tenderness to the right of the sacrococcygeal joint. A urine drug screen was performed at this visit. The diagnostics included lumbar x-rays. Toradol injection was given at this visit and the last visit 6-3-2015 visit. The effectiveness of this injection was not included in the medical record. The injured worker had not returned to work. MS Contin had been in use since at least 12-2014. The date for the Request for Authorization was 7-15-2015. The Utilization Review on 7-17-2015 for the treatments Toradol injection 60 mg #1 and MS Contin 100 mg #90 determined they were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection 60 mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ketorolac (Toradol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

Decision rationale: The claimant has a remote history of a work injury occurring in January 1996 and continues to be treated for chronic low back pain with a history of a lumbar fusion in 2007 and second lumbar fusion in 2012. When seen, she was in no acute distress. Pain was rated at 6/10 on average. Authorization for removal of lumbar hardware had been recommended physical examination findings included a non-antalgic gait. There was lower lumbar tenderness with decreased range of motion. There was right sacrococcygeal joint tenderness. A Toradol injection was administered. Medications were prescribed including Dilaudid which was a replacement for Fentanyl and MS Contin at a total MED (morphine equivalent dose) of over 400 mg per day. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was not in any documented distress and discontinuing opioid medication was not being considered. The injection was not medically necessary.

MS Contin 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1996 and continues to be treated for chronic low back pain with a history of a lumbar fusion in 2007 and second lumbar fusion in 2012. When seen, she was in no acute distress. Pain was rated at 6/10 on average. Authorization for removal of lumbar hardware had been recommended physical examination findings included a non-antalgic gait. There was lower lumbar tenderness with decreased range of motion. There was right sacrococcygeal joint tenderness. A Toradol injection was administered. Medications were prescribed including Dilaudid which was a replacement for Fentanyl and MS Contin at a total MED (morphine equivalent dose) of over 400 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level and there is no evidence that this medication is currently providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary. Ongoing prescribing at this dose was not medically necessary.