

Case Number:	CM15-0166641		
Date Assigned:	09/04/2015	Date of Injury:	07/24/2014
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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 July 24, 2014. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for a Toradol injection, Flexeril, and Tramadol. An August 10, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On August 10, 2015, the claimant was placed off of work, on total temporary disability. The attending provider contended that the applicant's pain medications were reducing his pain scores by 2 to 3 points. Naprosyn, Flexeril, Tramadol, and Protonix were endorsed. It was suggested that Protonix was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. The applicant was status post earlier lumbar spine surgery on April 28, 2015, it was reported. The applicant was described as having heightened left lower extremity symptoms present on this date, it was suggested (but not clearly stated). A Toradol injection was apparently administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM injection (DOS 08/10/15): Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 491 [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 musculoskeletal LBP.

Decision rationale: Yes, the Toradol (ketorolac) injection performed on August 10, 2015 was medically necessary, medically appropriate, and indicated here. While page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions, here, however, the applicant was described as exhibiting a flare in pain complaints on or around the August 10, 2015 office visit. The applicant apparently reported a flare in left lower extremity radicular pain complaints. The Third Edition ACOEM Guidelines Low Back Disorders Chapter notes that a single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids in the management of applicants who present to the Emergency Department with severe musculoskeletal low back pain. Here, by analogy, the applicant presented in the clinic setting on August 10, 2015 reporting a flare in and/or heightened pain complaints. An injection of ketorolac (Toradol) was indicated to combat the same. Therefore, the request was medically necessary.

Fexmid (Cyclobenzaprine) 7.5mg #60 (DOS 08/10/15): 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): Cyclobenzaprine (Flexeril).

Decision rationale: Conversely, the request for Cyclobenzaprine (Fexmid) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Fexmid) to other agents is deemed not recommended. Here, the applicant was in fact using a variety of other agents, including Tramadol, Naprosyn, etc., it was reported on August 10, 2015. The addition of Cyclobenzaprine (Fexmid) to the mix was not recommended. It is further noted that the 60-tablet supply of Cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ultram (Tramadol HCL ER) 150mg #60 (DOS 08/10/15): 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, criteria for use.

Decision rationale: Finally, the request for Ultram (tramadol), a synthetic opioid, was 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 placed off of work, on total temporary disability, on the August 10, 2015 office visit in question. While the attending provider recounted a 2 to 3 point reduction in pain scores with ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. The attending provider's commentary on August 10, 2015 that the applicant's ability to perform self-care and use the bathroom as a result of ongoing medication consumption did not constitute evidence of a substantive benefit achieved as a result of ongoing Ultram usage. Therefore, the request was not medically necessary.