

Case Number:	CM15-0168864		
Date Assigned:	09/09/2015	Date of Injury:	04/12/2000
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York
 Certification(s)/Specialty: Internal 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:

This 40 year old woman sustained an industrial injury on 4-12-2000. The mechanism of injury is not detailed. Diagnoses include lumbar disc protrusion, chronic myofascial pain, and significant flare up of back pain. Treatment has included oral medications. Physician notes dated 7-15-2015 show complaints of low back pain with muscle spasms rated 8-9.5 out of 10 as well as aching pain in the neck and upper back with radiation to the right upper extremity rated 9 out of 10 and right hand pain rated 6 out of 10. The worker is trying to wean the Norco, but has been unable to due to the pain level. The worker received an injection of Depo-Medrol and Kenalog during this visit as well as a Toradol injection. Recommendations include acupuncture, Norco, the above Depo-Medrol and Kenalog as well as the Toradol injections, Ultram, topical compounded analgesic cream, urine drug screen, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular injection of Depo Medrol and Kenalog: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Per guidelines, steroid injections should not be offered as either a primary or a sole treatment modality for pain management. Injection with anesthetics and/or steroids are recommended as an adjunct with the intent to relieve pain, improve function, decrease medication use, and encourage return to work. The primary goal of this form of therapy is the short-term relief of pain in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. The injured worker is diagnosed with Lumbar disc protrusion and chronic myofascial pain, with complains of chronic radicular neck and back pain. Physician report at the time of the requested service under review fails to support that a formal plan for accompanying exercise program is also being prescribed. The request for Intramuscular injection of Depo Medrol and Kenalog is not medically necessary by guidelines.

Intramuscular Toradol injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Shoulder Chapters, Ketorolac (Toradol).

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. Per guidelines, Toradol injection is indicated in the management of moderately severe acute pain as an alternative to opioid therapy. It is not recommended for chronic painful conditions. Toradol injection may also be administered as an option to corticosteroid injections for shoulder pain, with up to three injections. It is recommended that patients receiving Ketorolac injections not take concurrent oral NSAIDs due to potential side effect of bleeding. Physician report indicates flare up of the injured worker's chronic condition of back pain. Per ODG, injection of the NSAID ketorolac shows superiority over corticosteroid injections in the treatment of shoulder pain. Documentation fails to show that the injured worker's condition fits the guideline criteria for Toradol injection. The request for Intramuscular Toradol injection is not medically necessary per guidelines.

Ultram 50mg #60: 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, specific drug list.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker is diagnosed with lumbar disc protrusion and chronic myofascial pain, with complains of chronic radicular neck and back pain. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Ultram. With MTUS guidelines not being met, the request for Ultram 50mg #60 is not medically necessary.

Urinalysis: 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, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation fails to demonstrate that the injured worker is at high risk of addiction or aberrant behavior and there is indication of recent attempt to wean off Norco. Given that the ongoing use of opioids has not been recommended, the request for Urinalysis is not medically necessary.

Unknown prescription of Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin cream:
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): Topical Analgesics.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS does not recommend the use of muscle relaxants or Gabapentin as topical agents. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Unknown prescription of Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin cream is not medically necessary by MTUS.