

Case Number:	CM15-0183840		
Date Assigned:	09/24/2015	Date of Injury:	10/20/2005
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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 37 year old female who sustained an industrial injury on 10-20-2005. The injured worker was diagnosed with cervical discogenic disease, cervical spine sprain and strain and bilateral carpal tunnel syndrome. The injured worker is status post cervical spine fusion at C5-C6 in September 2007. According to the treating physician's progress report on 07-30-15, the injured worker continues to experience neck, shoulder and right arm pain. The injured worker rated her pain at 8 out of 10 without medications and 3 out of 10 on the pain scale and was able to care for her children, household, do light exercise and sleep better with current medication. Examination of the cervical spine revealed spasm with radicular right arm pain. Right shoulder was positive for impingement. Positive Phalen's and negative Tinel's of the bilateral wrist were noted. Prior treatments included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) on March 2015, surgery, multiple cervical facet blocks, cervical spine epidural steroid injections, physical therapy, home exercise program and medications. Current medications were listed as Norco (since 2013), Tizanidine (since 2013) and Capsaicin cream. It was not documented that Toradol was administered at the office visit of 07-30-2015 or was a retrospective request. Treatment plan consists of C5-7 cervical facet block pending, continuing home exercise program, chiropractic therapy, return visit in 6 weeks and the current request for Norco 10mg-325mg #120, Toradol 60mg intramuscularly injection and Capsaicin cream #1. On 09-08-2015 the Utilization Review determined the request for Toradol 60mg intramuscularly injection and Capsaicin cream #1 were not medically necessary. The Utilization Review modified the request for Norco 10mg-325mg #120 to Norco 10mg-325mg #60 for monitoring and weaning on 09-08-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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, Opioids for chronic pain, Opioids, cancer pain vs. non-malignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: Review indicates the request for Norco, which has been prescribed since at least 2013, was modified for weaning purposes. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2005 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #120 is not medically necessary and appropriate.

Capsaicin cream #1: 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: Guidelines support topical Capsaicin 0.025% formulation in patients with severe osteoarthritis, fibromyalgia, and chronic back pain, but is considered experimental in higher or unknown formulated doses as criteria are not met in this case with diagnoses of such. Additionally, per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of

2005 without documented functional improvement from treatment already rendered. The Capsaicin cream #1 is not medically necessary and appropriate.

Toradol 60mg IM injection: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Ketorolac tromethamine (Toradol), a non-steroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a boxed warning as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms. Submitted report has no documented medical indication as to concurrent use for this injection along with other analgesics. 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. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac injection for chronic pain without demonstrated acute flare-up. The Toradol 60mg IM injection is not medically necessary and appropriate.