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| Case Number: | CM15-0185240 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 04/30/2007 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 57 year old male who sustained an industrial injury on 4-30-07 while lifting weight and involved his back. The medical records indicate that the injured worker is being treated for post laminectomy syndrome, lumbar region; lumbago; other symptoms related to the back; muscle spasms; discomfort of the lumbar intervertebral disc without myelopathy; lumbosacral spondylosis without myelopathy; thoracic-lumbosacral neuritis-radiculitis. He currently (8-25-15) complains of constant, deep achy lumbar pain that radiates to the bilateral lower extremities pain. His pain level is 8 out of 10 (his pain levels were consistent ranging between 7-8 out of 10 from 3-24-15 to 8-25-15) and the pain was aggravated by changing positions, sneezing and increased activity. Medication (Percocet) and rest relieve pain and allow him to perform his activities of daily living. He uses a cane for assistance. On physical exam there was decreased sensation in stocking glove distribution bilaterally; cervical, elbows, wrist range of motion were intact; lumbar range of motion was decreased. The treating provider requested Toradol injections for 4 months x four injections for muscle spasms (8-25-15 note). The injured worker is on Flexeril and methocarbamol. In the 8-4-15 progress note the provider indicates the injured worker has difficulty with activities of daily living: bathing, dressing, sleeping (due to spasms). The 5-28-15 note indicated that the injured worker has back spasms, numbness, tingling and pain in the back, legs feet and toes. He uses a cane for ambulation. He had a drug assessment dated 3-24-15 and was inconsistent with prescribed medications for tramadol. Diagnostics include MRI of the lumbar spine (5-21-13); nerve conduction studies-left lower extremity (3-25-13). Treatments to date include epidural steroid injection; physical therapy

which made his symptoms worse; surgery (laminectomy on 6-13-08) little benefit; trigger point injections X3 with no benefit; lumbar support brace; medication: Percocet, ranitidine, Flexeril, Medrol Pak, ibuprofen, methocarbamol. The request for authorization dated 9-8-15 was for 4 Toradol 60mg intramuscular injections in a 4-5 month period. On 9-15-15, Utilization Review non-certified the request for 1 Toradol 60mg intramuscular injection in a 4-5 month period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg, x4 intramuscular injections in a 4 to 5 month period: 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Ketorolac (systemic): Drug information. Topic 9152, version 149.0. UpToDate, accessed 08/28/2015.

Decision rationale: Toradol (ketorolac) is an injectable medication the non-steroidal anti-inflammatory drugs (NSAID) class. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. Ketorolac is FDA-approved for the treatment of moderate-to-severe new pain requiring pain relief at the opioid level for up to five days. There also is literature to support its use in the treatment of migraines. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into both legs. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no documentation describing the worker's gastrointestinal and heart risks or results of laboratory baseline and monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for treatment on unspecified dates in the future, which would not account for changes in the worker's care needs, risk for negative side effects, and the development of potential complications. For these reasons, the current request for four intramuscular injections of 60mg of Toradol (ketorolac) over a four or five month period is not medically necessary.