

Case Number:	CM15-0193612		
Date Assigned:	10/07/2015	Date of Injury:	07/20/2004
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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: Emergency 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 53 year old male, who sustained an industrial-work injury on 7-20-04. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD). Treatment to date has included pain medication, Hysingla since at least 6-4-15, epidural steroid injection (ESI), Toradol injections, rest and other modalities. Medical records dated (6-4-15 to 9-8-15) indicate that the injured worker complains of worsening pain in the back with shooting pain down the right leg. The pain is rated 8-9 out of 10 on the pain scale, at best 4-5 out of 10 with used of medications and 10 out of 10 without medications. He reports that the previous Toradol injection was helpful in getting him more functional. He reports 50 percent reduction in pain and functional improvement with activities of daily living (ADL) and work duties with the medications versus not taking them at all. Per the treating physician report dated 9-8-15 the injured worker has returned to work. The physical exam dated 9-8-15 reveals that the back exam shows antalgic posture, muscle spasm, he cannot stand up straight, and there is sensory loss to light touch left calf and bottom of foot. The physician indicates that a Toradol injection was given without complications. The treating physician indicates that the urine drug testing has been appropriate. The request for authorization date was 9-11-15 and requested services included Hysingla ER 20 mg #30 and Toradol 60 mg injection. The original Utilization review dated 9-22-15 modified the request for Hysingla ER 20 mg #30 modified to Hysingla ER 20 mg #15. The request for Toradol 60 mg injection was non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The requested Hysingla ER 20 mg #30 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has worsening pain in the back with shooting pain down the right leg. The pain is rated 8-9 out of 10 on the pain scale, at best 4-5 out of 10 with used of medications and 10 out of 10 without medications. He reports that the previous Toradol injection was helpful in getting him more functional. He reports 50 percent reduction in pain and functional improvement with activities of daily living (ADL) and work duties with the medications versus not taking them at all. Per the treating physician report dated 9-8-15 the injured worker has returned to work. The physical exam dated 9-8-15 reveals that the back exam shows antalgic posture, muscle spasm, he cannot stand up straight, and there is sensory loss to light touch left calf and bottom of foot. The physician indicates that a Toradol injection was given without complications. The treating physician indicates that the urine drug testing has been appropriate. The treating physician has documented functional improvement from the use of this narcotic along with measures of opiate surveillance. The criteria noted above having been met, Hysingla ER 20 mg #30 is medically necessary.

Toradol 60 mg injection: Upheld

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

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 requested Toradol 60 mg injection, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), PAIN (Chronic), Ketorolac (Toradol) note that it is only recommended for short-term use in the treatment of acute pain and is not indicated in the treatment of minor or chronic pain. The injured worker has worsening pain in the back with shooting pain down the right leg. The pain is rated 8-9 out of 10 on the pain scale, at best 4-5 out of 10 with used of medications and 10 out of 10 without medications. He reports that the previous Toradol injection was helpful in getting him more functional. He reports 50 percent

reduction in pain and functional improvement with activities of daily living (ADL) and work duties with the medications versus not taking them at all. Per the treating physician report dated 9-8-15 the injured worker has returned to work. The physical exam dated 9-8-15 reveals that the back exam shows antalgic posture, muscle spasm, he cannot stand up straight, and there is sensory loss to light touch left calf and bottom of foot. The physician indicates that a Toradol injection was given without complications. The treating physician indicates that the urine drug testing has been appropriate. The treating physician has not documented the presence of an acute pain condition. The criteria noted above not having been met, Toradol 60 mg injection is not medically necessary.