

Case Number:	CM15-0213950		
Date Assigned:	11/03/2015	Date of Injury:	01/31/2006
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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 54 year old male, who sustained an industrial injury on 1-31-06. The injured worker was diagnosed as having lumbago; cervicgia; status post anterior fusion C5-C6 arthritis; kidney failure. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-19-15 indicated the injured worker was seen on this date for a comprehensive pain management evaluation. The injured worker reports a history of chronic neck pain and thoracic and low back pain. He reports a surgical history of an anterior fusion at C5-C6 (no date) and indicates "the pain worsened after surgery and didn't want any more surgeries". He also reports herniated discs throughout his back and currently his pain is worse in the thoracic spine area. He complains of numbness and tingling in the arms and legs especially on the left side. He also report bilateral knee pain that is being taken care of by another provider who plans injections and may need replacements in the future. He reports he previously had injections in the neck and did not help. He has also done physical therapy. The treatment plan includes continuation of medication regimen for OxyContin 40mg TID, oxycodone IR 30mg TID, Soma 350 TID. PR-2 notes dated 6-22-15, 5-13-15, 4-15-15, 2-18-15, 11-26-14, 10-1-14, 1-22-14, 12-20-12 indicates the injured worker was prescribed Roxicodone at those times. PR-2 note (procedure note) dated 9-11-15 indicated the injured worker was administered a therapeutic injections of Toradol 60mg IM. A Request for Authorization is dated 10-26-15. A Utilization Review letter is dated 10-21-15 and non-certification for Toradol 60 mg Injection and modified the certification for Roxicodone 30 mg #120 to allow #27. A request for authorization has been received for Toradol 60 mg Injection and Roxicodone 30 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60 mg 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: Toradol, a nonsteroidal 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. Toradol has a boxed warning as this medication is not indicated for minor or chronic painful conditions. 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 Toradol injection for chronic pain without demonstrated acute flare-up. The Toradol 60 mg Injection is not medically necessary and appropriate.

Roxicodone 30 mg #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, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Review indicates the current request for Roxicodone was modified to #27 for weaning purposes with recent request was modified on 9/23/15 for #72 as MED was 420 with the additional Opana dose, above and beyond guidelines recommendation for 120 MED. The MTUS Guidelines cite 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 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. 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. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of Roxicodone since at least 2012 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Roxicodone 30 mg #120 is not medically necessary and appropriate.