

Case Number:	CM15-0217063		
Date Assigned:	11/06/2015	Date of Injury:	10/17/2014
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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 30 year old female, who sustained an industrial injury on 10-17-2014. The injured worker is being treated for fracture coccyx closed, lower back pain and coccydynia. Treatment to date has included medications, home exercises, work modifications and soft cushions. Per the Primary Treating Physician's Progress Report dated 10-19-2015, the injured worker presented for 4-week follow-up. She reported pain is like stabbing, poking and feels very warm. She walks for exercise about 15 minutes and sleeps 4-5 hours per night before waking with pain, Naproxen is not working. She takes Tylenol and Advil but the pain is still there. Objective findings included tenderness to palpation and an abnormal gait. The notes from the provider do not document efficacy of the prescribed medications. Work status was modified. The plan of care included a trial of Gabapentin, continuation of Omeprazole, sofa cushions and home exercise, and lumbar brace. Authorization was requested for Toradol injection 60mg and Gabapentin 100mg #60 (DOS 10-19-2015). On 10-29-2015, Utilization Review non-certified the request for Toradol injection 60mg and Gabapentin 100mg #60 (DOS 10-19-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toradol injection 60mg x 1 (dos: 10/19/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, pages 118-122.

Decision rationale: The patient presents with low back pain. The request is for retrospective toradol injection 60MG X 1 (DOS: 10/19/2015). The request for authorization form is dated 10/19/15. MRI of the sacrum, 09/25/15, shows sacrum and coccyx are within normal limits, minimal degenerative changes noted at the sacrococcygeal junction; mild L4-L5 disc degeneration; evidence of the uterine leiomyomatosis. Patient's diagnoses include fracture, coccyx, closed; back pain, lower; coccydynia. Physical examination of the lower back reveals spine intact, no lesion, positive straight leg and FABER. Patient's medications include Naproxen, Advil, Tylenol, and Omeprazole. Per work status form dated 10/19/15, the patient is total temporary disability. MTUS Guidelines, NSAIDs, specific drug list & adverse effects Section, page 72, regarding Toradol states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, pages 118-122, "Intramuscular Ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. Per progress report dated, 10/19/15, treater's reason for the request is "for severe pain. Pt is aware and verbalizes understanding of SE, pain decrease 8/10." However, review of provided medical records, treater has not documented why patient needs Toradol injection as opposed to taking oral NSAIDs, which provide comparable level of analgesia per MTUS. Additionally, MTUS does not recommend this medication for "minor or chronic painful conditions." Therefore, the request was not medically necessary.

Retrospective Gabapentin 100mg #60 (dos: 10/19/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The patient presents with low back pain. The request is for retrospective gabapentin 100MG #60 (DOS: 10/19/2015). The request for authorization form is dated 10/19/15. MRI of the sacrum, 09/25/15, shows sacrum and coccyx are within normal limits, minimal degenerative changes noted at the sacrococcygeal junction; mild L4-L5 disc degeneration; evidence of the uterine leiomyomatosis. Patient's diagnoses include fracture, coccyx, closed; back pain, lower; coccydynia. Physical examination of the lower back reveals spine intact, no lesion, positive straight leg and FABER. Patient's medications include Naproxen, Advil, Tylenol, and Omeprazole. Per work status form dated 10/19/15, the patient is

total temporary disability. MTUS Guidelines, Gabapentin section on pg 18, 19 states, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per progress report dated 10/19/15, treater's reason for the request is "Trial Gabapentin." This appears to be the initial trial prescription for Gabapentin. The patient continues with low back pain. Since this is the trial prescription, the treater has not had the opportunity to document the medication's efficacy. Therefore, the request was medically necessary.