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| Case Number: | CM15-0219507 | | |
| Date Assigned: | 11/12/2015 | Date of Injury: | 05/07/2007 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 11/09/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 7, 2007. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for tramadol, a Toradol injection and a caudal epidural steroid injection. An August 27, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 15, 2015, the applicant reported 10/10 low back pain without medications versus 7/10 pain with medications. The applicant was on Ultram extended release and Nucynta, the treating provider reported. The applicant was described as not being able to do much physically owing to ongoing issue with back pain, the treating provider acknowledged. The applicant reported derivative issues with depression and insomnia. The applicant's BMI was 26. The treating provider reported that the applicant had undergone earlier failed lumbar spine surgery, the treating provider reported, also had comorbid diabetes. A Toradol injection was administered on this date, while Ultram extended release, Nucynta, Lunesta, and Celebrex were renewed and/or continued. A topical compounded agent was also endorsed. The applicant's work status was not clearly reported. In another section of the note, it was stated that the applicant was using Celebrex, Lunesta, and Vicodin. On July 30, 2015, the applicant was again given prescriptions for tramadol extended release, Nucynta, Lunesta and Celebrex. Toradol injection was administered in the clinic. A caudal epidural steroid injection was sought. The applicant had undergone earlier lumbar spine surgery, the treating provider reported. 10/10 pain without medications versus 7/10 pain with medications was reported. The applicant was described

as not being able to do physically much owing to ongoing issues with low back pain. Derivative complaints of depression and insomnia were reported. Once again, the applicant's work status was not clearly stated. The treating provider acknowledged that the applicant diabetes was suboptimally controlled. On a psychiatric AME report dated August 24, 2015, the psychiatric AME acknowledged that it was unlikely that the applicant would return to the workforce at any point in the near future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for tramadol extended release, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work, a psychiatric AME reported on August 24, 2015. It was deemed unlikely that the applicant would return to the workforce, the said AME reported. While the treating provider did recount a reported reduction in pain scores from 10/10 without medications to 7/10 with medications on July 30, 2015, these reports were, however, outweighed by the applicant's seeming failure to return to work, and the treating provider's commentary to the fact that the applicant "cannot do much physically" owing to back pain complaints by commentary on July 30, 2015 and October 15, 2015 to the effect that the applicant cannot do much physically, owing to ongoing issues with suboptimally controlled low back pain. Therefore, the request was not medically necessary.

Toradol intramuscular injection to the right glute: 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 491. [A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculoskeletal LBP.

Decision rationale: The request for a Toradol injection was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge

that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. Here, the fact that Toradol injections were administered on multiple office visits, including on July 30, 2015 and on October 15, 2015 suggested that the injectable Toradol was in fact being employed for chronic painful conditions as opposed to for an acute flare in pain. While the Third Edition ACOEM Guidelines Low Back Disorders Chapter acknowledges that a single dose of injectable ketorolac appears to be a useful alternative to a single moderate dose of opioids for applicants who present to the Emergency Department with severe musculoskeletal back pain, here, again, the fact that Toradol injections were administered on multiple office visits situated in close temporal proximity to each other, including on October 15, 2015 and on July 30, 2015, strongly suggested that said Toradol injection had in fact been administered for chronic pain purposes (as opposed to for an acute flare in pain). Therefore, the request was not medically necessary.

Caudal epidural steroid injection area below L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Finally, the request for a caudal epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that there should be radiographic and/or electrodiagnostic corroboration of radiculopathy and further stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia with functional improvement with earlier blocks. Here, the applicant's response to earlier epidural steroid injections (if any) was not clearly described or characterized on the July 30, 2015 office visit on which the article in question was proposed. The attending provider failed to establish clear or compelling radiographic or electrodiagnostic corroboration of radiculopathy following earlier failed lumbar spine surgery on or around the date of the request. Therefore, the request was not medically necessary.