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| Case Number: | CM15-0221036 | | |
| Date Assigned: | 11/16/2015 | Date of Injury: | 03/18/2008 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 11/05/2015 |
| Priority: | Standard | Application Received: | 11/10/2015 |

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: Indiana, 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 injured worker is a 52-year-old male who sustained an industrial injury on 03-18-2008. A review of the medical records indicated that the injured worker is undergoing treatment for chronic left eye pain, dry eye syndrome, pseudophakia, recurrent refractory depression, sleep disorder and anxiety. The injured worker is status post repair of retinal detachment in 06-2008 and removal of silicone oil from the anterior chamber left eye in 05-2010. According to the treating physician's progress report on 08-07-2015, the injured worker continues to experience chronic left eye pain. Left eye vision is poor and uses corrective lenses. Left eye plug is intermittently replaced. Left pupil is irregularly shaped and negative to reaction. Extraocular movements are full bilateral. Prior treatments have included diagnostic testing, surgery, punctal plug placements, psychiatric management, cognitive behavioral therapy (CBT), neurology consultation and follow-ups, cornea specialist, ophthalmologist follow-ups, optometry and medications. Current medications were listed as Viibryd, Norco, Klonopin, Ketorolac (since at least 05-2015; previously on Sprix), Olanzapine, Amitriptyline, Zyprexa, medicinal marijuana, Omeprazole and ophthalmic ointment and drops. There were no urine drug screening reports submitted or discussed in the medical records. Treatment plan consists of continuing with follow-up visits for treatment and the current request for Ketorolac Tromethamine 10mg, #50. On 11-05-2015, the Utilization Review determined the request for Ketorolac Tromethamine 10mg #50 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac Tromethamine 10mg, per 10/27/15 order qty 50.00: 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 (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: Ketorolac/Toradol is an NSAID. MTUS is silent on Ketorolac specifically, but MTUS has four recommendations regarding NSAID use in general: "1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." ODG states the following: "Ketorolac (Toradol, generic available): The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain (transition from IV or IM) for adults < 65 years of age: 20mg PO followed by 10mg PO every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose." The employee has chronic pain and has been taking Toradol since at least 5/2015. The guidelines advise against using it for chronic pain. The employee is also taking an opioid (Norco) and there is not discussion on the least reported pain over the period since last assessment, intensity of pain after taking Toradol, pain relief, increased level of function, or improved quality of life. Therefore, the request for Ketorolac is not medically necessary.