

<b>Case Number:</b>	CM15-0221799		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	05/30/1997
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Family Practice

### 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 47-year-old female, who sustained an industrial injury on 5-30-97. The injured worker was diagnosed as having cervical spondylosis with acute exacerbation, lumbar myofascial pain, rheumatologic diagnosis, and status post bilateral carpal tunnel releases. Treatment to date has included a Toradol injection and medication including Cyclobenzaprine and Prilosec. Physical exam findings on 8-18-15 included tenderness in the posterior cervical and bilateral trapezial musculature. Tenderness in the lower lumbar paravertebral musculature was also noted. On 8-18-15, the injured worker complained of neck pain. On 8-24-15, the treating physician requested authorization for Prilosec 20mg #30 with 2 refills and a Toradol injection. On 10-20-15 the requests that were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors, including Prilosec. Proton pump inhibitors are typically used to treat patients at moderate to high-risk of having a serious GI side effect from the chronic use of NSAIDs. These serious GI side effects include a GI ulcer, GI bleed, or GI perforation. In determining whether a patient needs a PPI clinicians should weight the indications for NSAIDs against these GI risk factors and determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recommendations: Patients with no GI risk factors may use an NSAID without a PPI. In this case, the records show no evidence that the patient has any of these GI risk factors. The patient is therefore in the low risk category and the concurrent use of a PPI is not necessary. In summary, Prilosec is not medically necessary.

**One Toradol injection administered:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**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) Chapter: Pain Section: Toradol.

**Decision rationale:** Both the MTUS/Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines comment on the use of Toradol injections. The MTUS guidelines state that for NSAIDs, including Toradol, there is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. There is no evidence in the medical record that the patient was given a trial of a first-line oral NSAID in response to this exacerbation of pain. The Official Disability Guidelines state that the indications for Toradol include the following: The injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In summary, there is no justification for the specific use of Toradol in this case. The guidelines state would provide for the trial of an oral NSAID first, as there is no evidence of greater efficacy of injected Toradol. Without documentation of failure of a first-line agent, there is no justification for the use of an injected NSAID. For these reasons, Toradol is not medically necessary.