

Case Number:	CM15-0031241		
Date Assigned:	02/24/2015	Date of Injury:	02/11/2001
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 11, 2001. In a utilization review dated February 4, 2015, the claims administrator denied a Toradol injection and urine drug screen apparently administered and/or performed on or around January 28, 2015. The applicant's attorney subsequently appealed. On January 28, 2015, the applicant reported persistent complaints of low back pain. The applicant stated that the low back pain had significantly increased. 8/10 pain was reported. A drug screen was performed. The applicant was not working. The applicant was status post a failed lumbar fusion surgery. The applicant was given a Toradol injection for an acute flare of pain. Permanent work restrictions were renewed, along with Naprosyn and tramadol. The attending provider did not state which drug testings or drug panels he was testing for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 72 of 127. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain, General Principles of Treatment, Medications, Table 11: Dosing for Opioids"[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 severemusculoskeletal LBP."

Decision rationale: 1. Yes, the request for a Toradol injection was medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does state that injectable ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, thus, injectable ketorolac or Toradol was likewise not indicated for minor or chronic painful conditions. Here, however, the applicant presented reporting an acute flare of pain on or around January 28, 2015. 8/10 pain was evident. The Third Edition ACOEM Guidelines further notes that injectable ketorolac or Toradol does provide analgesia equivalent to that furnished by opioids for applicants who present to the emergency department with acute flares of low back and/or musculoskeletal pain. Here, by analogy, the applicant did present to the clinic setting reporting a flare of low back pain. A Toradol injection was indicated on or around the date in question. Therefore, the request was medically necessary.

Drug screen, full panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Conversely, the urine drug screen of January 28, 2015 was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing Topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug testings and/or drug panels he intends to test for, clearly state when an applicant was last tested, and attempt to conform to the best practices of the United States Department of Transportation when performing testing. Here, however, the attending provider did not state what drug testings and/or drug panels he intended to test for. The attending provider did not signal his intention to eschew

confirmatory and/or quantitative testing outside of the emergency department drug overdose context. It was not stated what drug testings and/or drug panels the attending provider was intent on testing for. The attending provider did not identify when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.