

<b>Case Number:</b>	CM15-0031474		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 64, year old male, who sustained an industrial injury on 7/17/02. The injured worker has complaints of back pain. The documentation noted that he is on methadone that allows him to do more and uses Norco that allows him to be able to work part time now and have good functional benefits. He had rhizotomies 8/20/13 that did help but has now worn off. He is having more urinary frequency lately; has testosterone but does not have progesterone. The diagnoses have included status post L4-5 Intradiscal Electrothermal Annuloplasty (IDET) procedure; facet pain-lumbar; chronic pain and sleep disturbance controlled. According to the utilization review performed on 2/4/15, the requested IM injection of Toradol and Unknown trigger injection has been non-certified. The requested 1 prescription of Hydrocodone 325mg has been modified to 1 prescription of Hydrocodone 325mg #120. The requested 1 IM injection of Testosterone cyplonate 200mg / cc 0.5 / cc has been certified. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines; Official Disability Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IM injection of Toradol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

**Decision rationale:** The patient presents with chronic back pain rated 8/10. The request is for IM INJECTION OF TORADOL. The RFA is dated 01/30/15. Patient's diagnosis included status post L4-5, Intradiscal Electrothermal Annuloplasty (IDET) procedure, facet pain-lumbar, chronic pain, and sleep disturbance controlled. Per progress report dated 01/29/15, patient underwent a rhizotomies in August, 2013 which helped but has now worn off. Patient is permanent and stationary. MTUS does not specifically discuss injections of Toradol, but does discuss use of Toradol in the oral form. MTUS Chronic Pain Medical Treatment Guidelines pg 72 for Toradol states: This medication is not indicated for minor or chronic painful conditions. The MTUS guidelines state Toradol is not indicated for chronic conditions. The patient does not present with any acute conditions. The patient's condition is from a 2002 industrial injury. Per progress report dated 01/29/15, patient underwent a rhizotomies in August, 2013 which helped but has now worn off. The use of Toradol injections for chronic pain is not in accordance with MTUS recommendations. The request IS NOT medically necessary.

**Unknown trigger injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point Injections Page(s): 122.

**Decision rationale:** The patient presents with chronic back pain rated 8/10. The request is for UNKNOWN TRIGGER INJECTION. The RFA is dated 01/30/15. Patient's diagnosis included status post L4-5, Intradiscal Electrothermal Annuloplasty (IDET) procedure, facet pain-lumbar, chronic pain, and sleep disturbance controlled. Per progress report dated 01/29/15, patient underwent a rhizotomies in August, 2013 which helped but has now worn off. Patient is permanent and stationary. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Frequency should not be at an interval less than two months." The review of the reports do not show prior trigger point injections. Per progress report dated 01/29/15, patient underwent a rhizotomies in August, 2013 which helped but now is wearing off. Although it is acknowledged that the patient is not presenting with radiculopathy, the patient does not meet all the criteria which indicate that trigger point injections could be medically appropriate per MTUS. There is no documentation of circumscribed trigger points with referred pain. This request IS NOT medically necessary.