

Case Number:	CM15-0034812		
Date Assigned:	03/03/2015	Date of Injury:	02/13/2005
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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 51-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 3, 2005. In a utilization review report dated January 22, 2015, the claims administrator failed to approve a request for Toradol injection, an H-wave device, OxyContin, and unspecified amounts of psychotherapy to include multiple different psychological modalities. The claims administrator referenced a January 22, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported persistent complaints of neck and low back pain status post failed cervical spine surgery. Highly variable pain complaints ranged from 3/10 to 4/10 with medications and 8/10 to 9/10 without medications was noted. The applicant was using OxyContin twice daily in addition to Norco as needed for breakthrough pain, approximately six times daily. The applicant was off work, it was acknowledged. The applicant reported dyspepsia associated with medications, which reportedly attenuated following introduction of Prilosec. The applicant's complete medication list reportedly included OxyContin, Norco, Ativan, Soma, Ambien, Prilosec, Lidoderm, Cymbalta, Neurontin, finasteride, Zyrtec, Flonase, and topical eye drops. OxyContin and Norco were renewed. The applicant was apparently given a Toradol injection for an alleged flare of pain, which had apparently begun some two to three days prior. An H-wave replacement was proposed on the grounds that the applicant's current H-wave device was not functioning properly. Unspecified amounts of psychological treatment were also proposed to include behavioral therapy, biofeedback, stress management, and coping skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology due to depression and anxiety related to chronic pain to include cognitive behavioral therapy, biofeedback, stress management, and coping skills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: No, the request for psychology treatments due to depression and anxiety associated with chronic pain to include cognitive behavioral therapy, biofeedback, stress management, and coping skills was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms. Here, the attending provider's request for psychology and psychological modalities is open-ended. The attending provider has not clearly stated how frequently he intends for the applicant to receive cognitive behavioral therapy, stress management therapy, coping skills therapy, biofeedback, etc. Therefore, the request was not medically necessary.

Intramuscular injection of 60mg of Toradol in Right upper gluteal muscle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ketorolac (Toradol, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. 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: Conversely, the request for an intramuscular injection of Toradol 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 notes that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, however, the attending provider suggested on January 19, 2015 that the applicant had reported a flare of chronic low back pain. The Third Edition ACOEM Guidelines likewise notes that a single injection of intramuscular ketorolac (Toradol) is a viable option to usage of injectable opioids for applicants who present to the emergency department for acute flares of chronic low back pain. By analogy, thus, an injection of Toradol was indicated to combat the flare in pain reported by the attending provider on the date in question, January 19, 2015. Therefore, the request was medically necessary.

H-Wave Replacement Unit, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Therapy Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 118.

Decision rationale: Conversely, the request for an H-wave replacement device was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave device beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, the applicant was/is off work. Ongoing usage of H-wave device has failed to curtail the applicant's dependence on opioid agents such as OxyContin and Norco, the latter of which the applicant was apparently using at a rate of six tablets daily. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the H-wave device. Therefore, the request was not medically necessary.

Oxycontin 30mg, Qty 60 (do not fill until 2/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for OxyContin, a long-acting 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 as a result of the same. Here, however, the applicant was/is off work, the treating provider acknowledged. While the attending provider outlined some reduction in pain scores reportedly affected as a result of ongoing opioid therapy, these are, however, outweighed by the applicant's failure to return to work and the applicant's continued difficulty with performing activities of daily living as basic as standing and walking. The fact that the applicant continues to consume six tablets of Norco daily for breakthrough pain implies that ongoing usage of OxyContin has not, in fact, proven successful. Therefore, the request was not medically necessary.