

Case Number:	CM15-0042889		
Date Assigned:	03/13/2015	Date of Injury:	05/15/1996
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/06/2015

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: Internal 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 50 year old female, who sustained an industrial injury on 05/15/1996. Initial reported injuries included a traumatic brain injury resulting from a motor vehicle accident related to work. The injured worker was diagnosed as having closed head injury, C5 fracture, T11 burst fracture, bilateral cervical fractures, right pubic ramus fracture, rib contusion, pneumothorax, incomplete neurogenic bowel, incomplete neurogenic bladder, and laceration of the right radial wrist. Treatment to date has included conservative care, medications, psychiatric/psychological treatment, electrodiagnostic testing of the upper extremities, MRI of the right wrist, MRI of the right ankle, right carpal tunnel release (2001), and physical therapy. Currently, the injured worker complains of pain to the neck, upper back, lower back, head, right forearm right hand, right wrist, pelvis, right ankle and right foot with improvement in neurogenic bladder. Current diagnoses include MVA 1996, chronic right hand sprain/strain, chronic right wrist/forearms strain/sprain, strain/sprain of the cervical/thoracic/lumbar spines, muscle spasms, myalgia/myositis spine musculature, radiculopathy right leg, paresthesia right leg and sciatica right leg. The treatment plan consisted of continued medications, continued palliative care, consultations, and ultrasound and MRI of the pancreas.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol 200 mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page 72. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation FDA Prescribing Information Toradol (Ketorolac) http://www.hospira.com/Images/EN-3489_81-92671_1.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Toradol (Ketorolac) is not indicated for minor or chronic painful conditions. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The primary treating physician's progress report dated 2/16/15 documented a request for Toradol IM 200 mg. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. Upper gastrointestinal endoscopy dated 2/5/15 documented duodenitis, gastritis, hiatus hernia, and esophagitis. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The patient's occupational conditions are chronic. Per MTUS, Toradol (Ketorolac) is not indicated for minor or chronic painful conditions. The primary treating physician's progress report dated 2/16/15 documented a request for Toradol IM 200 mg. FDA Prescribing Information indicates that the intramuscular IM dosing is one dose of 60 mg. The treating physician's request for 200 mg of Toradol IM exceeds FDA dosing guidelines. Therefore, the request for Toradol 200 mg IM injection is not medically necessary.

1 Robaxin IM injection 60mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Muscle relaxants Page 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Robaxin (Methocarbamol) <http://www.pdr.net/drug-summary/robaxin-injectable?druglabelid=1132>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd

Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Drugs with the most limited published evidence in terms of clinical effectiveness include Methocarbamol (Robaxin). FDA Prescribing Information document that Robaxin (Methocarbamol) is indicated for acute musculoskeletal conditions. Medical records indicate that the patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The primary treating physician's progress report dated 2/16/15 documented a request for a Robaxin IM intramuscular injection. Medical records indicate the patient's occupational conditions are chronic. FDA Prescribing Information document that Robaxin (Methocarbamol) is indicated for acute musculoskeletal conditions. MTUS indicates that the muscle relaxant with the most limited published evidence in terms of clinical effectiveness include Methocarbamol (Robaxin). The request for an IM intramuscular injection of Robaxin is not supported by MTUS, ACOEM, or FDA guidelines. Therefore, the request for Robaxin IM injection 60 mg is not medically necessary.

1 Ultrasound of the pancreas: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Radiology (ACR) practice guideline for the performance of an ultrasound examination of the abdomen (2012) http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/US_Abdomen_Retro.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address abdominal ultrasound. The American College of Radiology practice guideline for the performance of an ultrasound examination of the abdomen (2012) states that abdominal ultrasound should be performed when there is a valid medical reason. Indications for ultrasound examination of the abdomen include abdominal pain, palpable abnormalities such as an abdominal mass or organomegaly, and abnormal laboratory values suggestive of abdominal pathology. The ultrasound of the abdomen dated 11/18/2014 demonstrated a normal pancreas. The pancreas appears normal. The pancreas is well visualized. No mass lesions are seen. The duct is not dilated. The gallbladder and bile ducts appear normal. No gallstones were noted. Liver was normal. The patient states that she does not currently have any abdominal pain, with no history of abdominal surgery. The primary treating physician's progress report dated 2/16/15 noted "pancreatic pain and discomfort" was noted, without detailed physical examination of the abdomen. No evidence of pancreatitis was presented. The 2/16/15 progress report does not

support the medical necessity of a repeat ultrasound of the pancreas. Therefore, the request for ultrasound of the pancreas is not medically necessary.

1 MRI of the pancreas: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Radiology (ACR) practice guideline for the performance of magnetic resonance imaging (MRI) of the abdomen (2010) <http://www.guideline.gov/content.aspx?id=32510>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address abdominal MRI magnetic resonance imaging. The American College of Radiology (ACR) practice guideline for the performance of magnetic resonance imaging (MRI) of the abdomen (2010) notes that indications for MRI of the abdomen include detection of pancreatic tumors, characterization of indeterminate lesions and/or unexplained enlargement detected with other imaging modalities, evaluation of pancreatic duct obstruction or dilatation, detection of pancreatic duct anomalies, evaluation of pancreatic or peripancreatic fluid collections or fistulae, evaluation of chronic pancreatitis to include estimating pancreatic exocrine function, evaluation of complicated acute pancreatitis, preoperative assessment of pancreatic neoplasms, and postoperative/treatment follow-up after pancreatic surgery. The ultrasound of the abdomen dated 11/18/2014 demonstrated a normal pancreas. The pancreas appears normal. The pancreas is well visualized. No mass lesions are seen. The duct is not dilated. The gallbladder and bile ducts appear normal. No gallstones were noted. Liver was normal. The patient states that she does not currently have any abdominal pain, with no history of abdominal surgery. The primary treating physician's progress report dated 2/16/15 noted "pancreatic pain and discomfort" was noted, without detailed physical examination of the abdomen. No evidence of pancreatitis was presented. The 2/16/15 progress report does not support the medical necessity of a MRI of the pancreas. Therefore, the request for MRI of the pancreas is not medically necessary.