

Case Number:	CM15-0057594		
Date Assigned:	04/02/2015	Date of Injury:	01/29/2007
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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 54 year old male, who sustained an industrial injury on 1/29/07. He reported pain in the lower back, right buttock and right thigh. The injured worker was diagnosed as having lumbar degenerative disc disease, post laminectomy syndrome, lumbar facet syndrome and sacroiliitis. Treatment to date has included a lumbar MRI, lumbar epidural injection in 11/2014 and pain medications. As of the PR2 dated 2/4/15, the injured worker reports continued pain in his lower back with left lower extremity radiculopathy. He reported his pain is a 9/10 without medications and a 5-6/10 with medications. The injured worker also indicated trouble sleeping. The treating physician requested Melatonin 5mg and a Toradol 60mg injection given on 2/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) Page 22.

Decision rationale: Toradol, a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Toradol has a boxed warning as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications to include Naproxen, another NSAID. Submitted report has no documented medical indication as to concurrent use for this injection along with oral NSAID Naproxen which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Toradol injection for chronic pain without demonstrated acute flare-up. The Toradol 60mg Injection is not medically necessary and appropriate.

Melatonin 5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Sleep Aids, pages 218-219.

Decision rationale: Regarding sleep aids, ODG states that preliminary evidence demonstrates the value of Melatonin in treating sleep disorder post-TBI; however, there are documented diagnoses of such. Submitted reports have not demonstrated any evidence-based studies or medical report to indicate necessity of the above treatment. There is no report of sleep disorder. In order to provide a specific treatment method, the requesting physician must provide clear objective documentation for medical indication, functional improvement goals expected or derived specifically relating to the patient's condition as a result of the treatment(s) provided. Documentation of functional improvement may be a clinically significant improvement in activities of daily living, a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Absent the above described documentation, there is no indication that the specific treatment method is effective or medically necessary for this patient. The Melatonin 5mg #30 is not medically necessary and appropriate.