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| Case Number: | CM15-0058885 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 03/08/2013 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/12/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55-year-old female, who sustained an industrial injury on 3/8/2013. The current diagnoses are head trauma with residual headaches and visual changes, neck trauma with history of left-sided artery occlusion, cervical spine disc bulge, lumbar spine disc bulge, partial rotator cuff tear of the right/left shoulder, and right/left knee sprain/strain with internal derangement. According to the progress report dated 1/16/2015, the injured worker complains of pain in the neck, low back, bilateral shoulders, and bilateral knees. The current medication list was not available for review. Treatment to date has included medication management, MRI studies, and physical therapy. The plan of care includes Toradol injection, Dexamethasone injection, and Depo-Medrol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Tramadol 60mg: 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 chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)-Ketorolac (Toradol; ½) and Other Medical Treatment Guidelines <http://www.drugs.com/uk/pdf/leaflet/472615.pdf>.

Decision rationale: Injection Tramadol 60mg is not medically necessary per the MTUS Guideline; and an online review of Tramadol. An online review of Tramadol reveals that this medication can be given as a 50mg/ml solution for injection. The MTUS states that Tramadol is a synthetic opioid affecting the central nervous system. The MTUS guidelines states that injections of opioids are never indicated except for conditions involving acute, severe trauma. The documentation does not reveal evidence of a VAS score, acute trauma, what specific medications the patient has been taking, or why the patient requires an injection and is unable to take oral medications. For all of these reasons the request for an injection of Tramadol 60mg is not medically necessary. Additionally, the progress note discusses that Toradol injection was given however, the request asks for whether an injection of Tramadol is necessary. The ODG states that Toradol (Ketorolac), when administered intramuscularly, may be used as an alternative to opioid therapy. The documentation is not clear that this is being used as an alternative to opioid therapy and therefore Toradol 60mg injection would not be medically necessary either.

Injection of Dexamethasone 20mg: 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 chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Injection of Dexamethasone 20mg is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM Guidelines states that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with therapies that are more conservative. Steroids can weaken tissues and predispose to reinjury. Corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. Injections of opioids are never indicated except for conditions involving acute, severe trauma. The ODG states that the criteria for the use of corticosteroids (oral/parenteral for low back pain) include that the patients should have clear-cut signs and symptoms of radiculopathy; the risks of steroids should be discussed with the patient and documented in the record; the patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The documentation is not clear on the need for an injection of this medication. There is no evidence that the patient has clear radiculopathy; that there was discussion of the

patient about the risks of steroids or limited evidence of effect. There is no documentation that the patient cannot take oral medication or a VAS level of pain or clear details of patient's prior treatment, or that the patient has had an exacerbation or symptoms. The request for an injection of Dexamethasone is not medically necessary.

Injection Depo-Medrol 40mg: 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 chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Corticosteroids (oral/parenteral/IM for low back pain)-.

Decision rationale: Injection Depo-Medrol 40mg is not medically necessary per the MTUS Guidelines; the ODG, and an online review of this medication. The MTUS ACOEM Guidelines states that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with therapies that are more conservative. Steroids can weaken tissues and predispose to reinjury. Corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. Injections of opioids are never indicated except for conditions involving acute, severe trauma. A review online of Dep-Medrol states that this is an anti-inflammatory glucocorticoid for intramuscular, intra-articular, soft tissue, or intralesional injection. The ODG states that the criteria for the use of corticosteroids (oral/parenteral for low back pain) include that the patients should have clear-cut signs and symptoms of radiculopathy; the risks of steroids should be discussed with the patient and documented in the record; the patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The documentation is not clear on the need for an injection of this medication. There is no evidence that the patient has clear radiculopathy; that there was discussion of the patient about the risks of steroids or limited evidence of effect. There is no documentation that the patient cannot take oral medication or a VAS level of pain or clear details of patient's prior treatment, or that the patient has had an exacerbation or symptoms. The request for an injection of DepoMedrol is not medically necessary.