

Case Number:	CM15-0081707		
Date Assigned:	05/28/2015	Date of Injury:	04/18/2005
Decision Date:	07/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/28/2015

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 55-year-old female, who sustained an industrial injury on April 18, 2005. She reported slipping and falling. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, left shoulder pain, back pain, chronic neck pain, mild adhesive capsulitis of the left shoulder with underlying acromioclavicular arthritis, status post C4-C5 and C5-C6 anterior cervical fusion, chronic lumbar spine strain, and mild median nerve entrapment bilateral wrists. Treatment to date has included physical therapy, MRI, cervical fusion, x-rays, and medication. Currently, the injured worker complains of neck, lower back, and bilateral hand pain, with headaches, joint pain, and insomnia. The Primary Treating Physician's report dated November 6, 2014, noted the injured worker reported that a Toradol shot seemed to last at least a week. The injured worker's medications were listed as Ibuprofen and Salon Pas. Physical examination was noted to show limited range of motion (ROM) and tightness in the posterior paracervical muscles, with the left shoulder with tenderness to the anterior capsule and limited range of motion (ROM), and the back with slight tenderness to the lumbar paraspinal muscles with good range of motion (ROM). The treatment plan was noted to include a Toradol shot, and requests for authorization for a cervical spine MRI, and Salon Pas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salon Pas #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page(s): 111-113.

Decision rationale: According to the 11/06/2014 report, this patient presents with pain at the "back, neck and bilateral hands." The current request is for Salon Pas #30 with 1 refill to "apply to neck and leave on for 8 hours as needed for pain." The most recent progress report is dated 11/06/2014 and the utilization review letter in question is from 03/31/2015. The patient's work status is not included in the file for review. Regarding Salonpas, a topical NSAIDs, MTUS states recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, the patient does not meet the indication for the topical medication, as she does not present with peripheral joint osteoarthritis/tendinitis problems for which topical NSAIDs are indicated. MTUS specifically states, "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The medical necessity cannot be substantiated at this time; therefore, this request IS NOT medically necessary.

Ibuprofen 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications page(s): 22, 60.

Decision rationale: According to the 11/06/2014 report, this patient presents with pain at the "back, neck and bilateral hands." The current request is for Ibuprofen 400mg but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 11/06/2014 and the utilization review letter in question is from 03/31/2015. The patient's work status is not included in the file for review. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "anti-inflammatory 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." In reviewing the provided reports, this medication was first noted in the 03/27/2014 report; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, the treating physician does not mention how this medication has been helpful in any way. The request IS NOT medically necessary.

MRI of the cervical spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back chapter, MRI.

Decision rationale: According to the 11/06/2014 report, this patient presents with pain at the "back, neck and bilateral hands." The current request is for MRI of the cervical spine with contrast but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 11/06/2014 and the utilization review letter in question is from 03/31/2015. The patient's work status is not included in the file for review. Regarding MRI of the cervical spine, ACOEM Guidelines state, "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In reviewing, the medical reports provided show no evidence of prior cervical MRI. The Utilization Review denial letter states, "the 11/6/2014 report did not document any neurologic deficits on examination. The only findings were limited motion, tightness and tenderness. Although the patient has had previous cervical fusion in 2007, there were no findings for necessity of cervical MRI at this time." In this case, the patient does not present with radicular pain. The treating physician does not document that the patient has neurologic signs/symptoms. Examination findings do not reveal neurological deficit. The ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Therefore, the current request IS NOT medically necessary.

Toradol injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects page(s): 70.

Decision rationale: According to the 11/06/2014 report, this patient presents with pain at the "back, neck and bilateral hands." The current request is for Toradol injection but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 11/06/2014 and the utilization review letter in question is from 03/31/2015. The patient's work status is not included in the file for review. The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of the provided reports does not show discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol 5, 118- 122, "intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided

comparable levels of analgesia in emergency patients presenting with moderate to severe pain. In this case, the treating physician has not documented that the current injection request is for an acute episode of pain and there is no documentation provided indicating the rationale for this injection. The request IS NOT medically necessary.