

Case Number:	CM15-0083444		
Date Assigned:	05/26/2015	Date of Injury:	09/04/2002
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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 59-year-old who has filed a claim for chronic low back pain, neck pain, and alleged myofascial pain syndrome reportedly associated with an industrial injury of December 4, 2002. In a Utilization Review report dated April 23, 2015, the claims administrator retrospectively denied trigger point injections and Toradol injections apparently performed on or around March 18, 2015. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant reported ongoing complaints of neck and low back pain, 6/10. The applicant was described as having a flare of chronic pain syndrome, chronic discogenic pain syndrome, and secondary myofascial pain complaints. "Emergency" trigger point injections were performed. The attending provider stated that previous trigger point injection performed six weeks prior had proven beneficial. The applicant was reportedly on Zanaflex, Wellbutrin, Singulair, Thyroid, dietary supplements, and aspirin, it was reported. Trigger point injections were performed in the clinic. Toradol injection was also administered in the clinic. The applicant was asked continue Zanaflex and Wellbutrin. The note was somewhat difficult to follow. The attending provider did state that the injections were beneficial at the least in the clinic setting. The applicant's work status was not, however, detailed. On April 29, 2015, the previously performed trigger point injections were appealed. Toradol injection was again administered in the clinic. Wellbutrin was prescribed. The attending provider again stated that the previous trigger point injections were beneficial and had ameliorated the applicant's ability to perform unspecified household activities. The applicant's work status, once again, was not furnished. Another Toradol injection was performed, as stated at the bottom of the note, on the grounds that the applicant had

presented for an alleged flare. The applicant was having superimposed issues with depression, it was acknowledged. Once again, the applicant's work status was not detailed. In a medical-legal evaluation dated July 10, 2013, the applicant reported ongoing multifocal pain complaints, including neck and knee pain. The applicant apparently gained weight, it was suggested. The applicant was on Zanaflex, Excedrin, Demerol, and Levoxyl, it was reported. The applicant had undergone a failed knee replacement surgery, it was acknowledged. The applicant had issues with fibromyalgia generating various chronic pain complaints. The applicant had not worked since September 4, 2002, it was acknowledged. The applicant had obtained vocational rehabilitation services, it was stated. The applicant was trying to do some sort of work at home, but was apparently only able to earn \$50 a week, it was reported. On March 11, 2013, manipulative therapy and electrical muscle stimulation were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger Point Injections, quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: No, the retrospective request for a trigger point injection performed on March 18, 2015 was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that repeat injections are not to be performed unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Here, however, there was not, in fact, documented evidence of functional improvement. The applicant had seemingly failed to return to work, it was suggested above. The applicant had apparently not worked since 2002, a medical-legal evaluator reported in 2013. The applicant remained dependent on analgesic and adjuvant medications such as Zanaflex and Wellbutrin, suggested above. All of the foregoing, taken together suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior trigger point injections over the course of the claim. Therefore, the request was not medically necessary.

Retrospective Toradol Intramuscular Injection 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, Ketorolac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd, Low Back Disorders, pg 491.

Decision rationale: Similarly, the request for retrospective Toradol (ketorolac) injection was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of injectable ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, injectable ketorolac and/or Toradol is likewise not indicated for minor or chronic painful conditions. While the Third Edition ACOEM Guidelines Low Back Chapter does acknowledge on page 491 that a single dose of injectable ketorolac (Toradol) appears to be a useful alternative to a single dose of opioids in the management of applicants who presented to the emergency department with severe musculoskeletal low back pain. Here, however, all evidence on file pointed to the attending provider's employing the ketorolac (Toradol) injections in question for chronic, long-term, and/or regular use purposes, i.e., usage incompatible with page 72 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 491 of the Third Edition ACOEM Practice Guidelines Low Back Chapter. The applicant had received multiple Toradol injections on multiple office visits, referenced above, including on March 18, 2015 and subsequently on April 29, 2015. Contrary to what the attending provider stated in his various letters and progress notes, the applicant was, thus, employing the Toradol injections for chronic pain purposes as opposed to for acute flares of pain. Therefore, the request was not medically necessary.