

Case Number:	CM15-0233714		
Date Assigned:	12/09/2015	Date of Injury:	04/25/1988
Decision Date:	01/12/2016	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male who sustained an industrial injury on April 25, 1998. The worker is being treated for: low radiating back pain; lumbar facet arthralgia, lumbar disc injury, and bilateral sciatica. The patient is status post lumbar fusion. Subjective: September 25, 2015 reported complaint of low back pain radiating to the calves right side greater, sleep disturbance. Medication: July, September 2015: Percocet, Fentanyl, and Soma. Treatment: September 25, 2015 administered Toradol injection, medication, RFA last treatment in May and June 2015. On October 02, 2015 a request was made for the remaining Percocet 5mg 325mg #30, and retrospective Toradol injection 60mg that were noncertified by Utilization Review on October 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1988. He underwent an L4/5 fusion. He continues to be treated for low back pain with lower extremity symptoms. In May 2015 he underwent right lumbar radiofrequency ablation treatment on this was done on the left side in June 2015. In July 2015 he felt the radiofrequency ablation had helped significantly. He had pain rated at 4-5/10. He had improved tolerance for prolonged sitting and driving which had nearly doubled from 30 minutes to one hour. Medications were Percocet, Soma, and fentanyl. He was using the fentanyl sparingly. He did not need an injection of either Demerol or Toradol. When seen in September 2015 he had worse pain especially over the past two weeks. With prolonged sitting and walking he had pain escalating up to 7-8/10. He was having difficulty sleeping. Medications are referenced as decreasing pain. Physical examination findings included a decreased lumbar lordosis. Straight leg raising was positive. There was an antalgic gait and he transitioned positions slowly. There was lumbar tenderness and spasms. There was moderate pain with lumbar range of motion. Percocet and fentanyl were continued. Lumbar x-rays were obtained including flexion and extension views to evaluate for hardware failure. A Toradol injection was administered as the claimant was driving [REDACTED]. Percocet (oxycodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.

Toradol 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 (ODG), Ketorolac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

Decision rationale: The claimant has a remote history of a work injury occurring in April 1988. He underwent an L4/5 fusion. He continues to be treated for low back pain with lower extremity symptoms. In May 2015 he underwent right lumbar radiofrequency ablation treatment on this was done on the left side in June 2015. In July 2015 he felt the radiofrequency ablation had helped significantly. He had pain rated at 4-5/10. He had improved tolerance for prolonged sitting and driving which had nearly doubled from 30 minutes to one hour. Medications were Percocet, Soma, and fentanyl. He was using the fentanyl sparingly. He did not need an injection of either Demerol or Toradol. When seen in September 2015 he had worse pain especially over the past two weeks. With prolonged sitting and walking he had pain escalating up to 7-8/10. He was having difficulty sleeping. Medications are referenced as decreasing pain. Physical

examination findings included a decreased lumbar lordosis. Straight leg raising was positive. There was an antalgic gait and he transitioned positions slowly. There was lumbar tenderness and spasms. There was moderate pain with lumbar range of motion. Percocet and fentanyl were continued. Lumbar x-rays were obtained including flexion and extension views to evaluate for hardware failure. A Toradol injection was administered as the claimant was driving [REDACTED]. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, his drive time from [REDACTED] would be at least 5-6 hours. However, his maximum driving tolerance had only been one hour at most when seen in July 2015 after the radiofrequency ablation when he had improved significantly. He was continuing to receive Percocet and Fentanyl. More frequent rest breaks when driving would have been an option. Discontinuing opioid medication was not being considered. If there was concern over a failure of his lumbar fusion, then review of x-rays would be expected prior to changing his pain medications. The injection is not medically necessary.