

Case Number:	CM13-0035750		
Date Assigned:	12/13/2013	Date of Injury:	08/04/2005
Decision Date:	06/17/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old patient sustained a low back injury on 8/4/05 from bending over while employed by [REDACTED]. Request(s) under consideration include 1 Toradol IM injection, 2 prescriptions of Mentherm 120gm, 1 prescription of Tramadol HCL 150mg #30, 1 prescription of Ketoprofen 75mg #60, 1 prescription of Norco 10/325mg #68, and 1 prescription of Lyrica 100mg #90. An AME supplement report of 9/12/13 noted evaluation was requested to provide opinion on the hip bursitis diagnosis. It was noted the patient did not sustain any mechanical hip injury consistent with back pain from picking up a plate. There was no causative relationship. Conservative care has included physical therapy, medications, acupuncture, and rest. A report of 9/24/13 from the provider noted the patient with chronic low back and hip pain. Brief exam noted tenderness to palpation; antalgic gait; limited range of motion (no degree or planes specified); and surgical scar. Diagnoses included Post-laminectomy lumbar syndrome with post-operative chronic pain; lumbar sprain/strain; myofascial pain; poor coping of chronic pain; low testosterone. Treatment plan included refills of medications with the patient remaining off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TORADOL IM INJECTION: 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), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-73.

Decision rationale: Ketorolac tromethamine (Toradol), a non-steroidal 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. Ketorolac (Toradol, generic available) has a "Boxed Warning" as this medication is not indicated for minor or chronic painful conditions. A report from the provider noted ongoing chronic pain symptoms with listed medications to include Naproxen, another NSAID. Submitted reports have no documented medical indication as to concurrent use for this injection along with the oral NSAID Naproxen, which is not recommended for increased 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 the MTUS Chronic Pain Guidelines. Available reports submitted have not adequately addressed the indication to for the Ketorolac injection for chronic pain without demonstrated acute flare-up. Additionally, the patient is also prescribed Ketoprofen and salicylate concurrently without indication. The request is not medically necessary and appropriate.

2 PRESCRIPTIONS OF MENTHODERM 120GM: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral Acetaminophen or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification regarding medical indication or necessity provided for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The 2 prescriptions of Menthoderm 120gm are not medically necessary and appropriate.

1 PRESCRIPTION OF TRAMADOL HCL 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the

context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to changes in pain relief, functional goals with demonstrated improvement in daily activities, decreases in medical utilization, or changes in work status. There is no evidence presented of random drug testing or utilization of a pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS Chronic Pain Guidelines provides requirements of the treating physician to assess and document for functional improvements with treatment interventions and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefits derived from the continuing use of opioids with persistent severe pain. Submitted reports have not showed medical necessity or indication for two short-acting opioid prescriptions, namely Tramadol and Norco use concurrently. The request is not medically necessary and appropriate.

1 PRESCRIPTION OF KETOPROFEN 75MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-73.

Decision rationale: 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 long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing. There is no documentation for the medical indication of Ketoprofen in addition to the current prescription of Toradol injection. The MTUS Chronic Pain Guidelines do not recommend Ketoprofen nor recommend use of NSAIDs beyond a few weeks as there are no long-term studies to indicate its efficacy or safety. The 1 prescription of Ketoprofen 75mg #60 is not medically necessary and appropriate.

1 PRESCRIPTION OF NORCO 10/325MG #68: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines indicate opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, a decrease in medical utilization, or a change in work status. There is no evidence presented of random drug testing or utilization of a pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS Chronic Pain Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment

intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request is not medically necessary and appropriate.

1 PRESCRIPTION OF LYRICA 100MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there are documented significant benefits. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain level. The clinical exams submitted have no documented neurological deficits or any neuropathy identified. The medical records provided for review have not adequately demonstrated an indication or functional benefit to continue ongoing treatment with this anti-epileptic. The request is not medically necessary and appropriate.