

<b>Case Number:</b>	CM14-0140857		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/26/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 and Rehabilitation, has a subspecialty in Pain and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

The claimant has a history of a work injury occurring on 03/26/09 when, while working as a painter he fell from a ladder landing on his right elbow and was then struck by the ladder as it fell. The claimant underwent right elbow surgery in 2009 with repair and debridement of the triceps tendon, hand surgery in 2012, and lumbar spine surgery in April 2013. He was seen on 01/27/14. He was having low back, elbow, knee, and chest wall pain. He was using a TENS unit daily. Pain was rated at 7-8/10. Medications were Vicodin, Advil, Pantoprazole, sertraline, and Ultram. Physical examination findings included a slow and antalgic gait with bilateral lumbar paraspinal muscle spasm and tenderness. He had decreased lower extremity strength. He had right elbow pain with decreased strength and positive Tinel's sign. He had full knee range of motion with pain over the patellar tendons bilaterally. On 07/23/14 he had a flare up of symptoms. He had discontinued pain medications due to gastrointestinal side effects. He was having low back pain radiating into the legs with mid back pain, bilateral knee pain, and right elbow pain. He was having occasional radiating symptoms. Test results were pending. Physical examination findings included epigastric tenderness. Norco 10/325 mg, tramadol 50 mg, omeprazole 20 mg, sertraline 50 mg, Menthoderm, TENS, and a home exercise program were continued. He was maintained out of work. He was seen on 07/30/14. He had stopped taking all pain medications but was having ongoing gastrointestinal symptoms. He had complaints of low back pain, right elbow pain, mid back pain, and bilateral knee pain. Omeprazole was providing more benefit than ranitidine. He was using TENS and performing a home exercise program. Medications included Menthoderm. Lab test results were reviewed. Physical examination findings included right upper and lower quadrant pain with normal bowel sounds. Tramadol and Norco were continued on hold pending the gastroenterology evaluation. Sertraline, omeprazole,

and Methoderm gel were prescribed. He was to continue a home exercise program and use TENS. On 08/28/14 there had been improvement with pool therapy. He was having constant low back, right arm, and knee pain with intermittent chest pain. Physical examination findings included decreased and painful lower lumbar spine range of motion with muscle spasms. Dexilant, sertraline, tramadol, and Norco were prescribed. He was to continue in pool therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Toradol 60mg/dl IM injection for DOS 7/23/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**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 is more than 5 years status post work-related injury and continues to be treated for chronic right arm and low back pain. Opioid medications were placed on hold due to gastrointestinal side effects pending a gastroenterology evaluation. 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. However, Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was undergoing a trial of opioid discontinuance related to the evaluation of gastrointestinal symptoms and therefore the Toradol injection was medically necessary.

#### **Retrospective Methoderm gel 120gm for DOS 7/23/2014: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic right arm and low back pain. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and Methyl Salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Indications include treating patients with conditions such as chronic back pain. In this case, the claimant has

chronic low back pain and has not responded to other conservative treatments. Therefore, the Mentoderm was medically necessary.