

Case Number:	CM14-0149320		
Date Assigned:	09/18/2014	Date of Injury:	08/31/2004
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

The patient is a 61 year old female with an injury date of 08/31/04. Based on the 08/18/14 progress report provided by [REDACTED], the patient complains of pain in her bilateral shoulders, posterior cervical spine, low back and bilateral thighs. She also has a headache and her left shoulder is flared up. No objective findings reported. Patient's pain is rated 5/10 with medications and 10/10 without. Treater prescribes Theramine for neuropathic pain and Toradol intramuscular injection for acute headache. Diagnoses 08/18/14: lumbar radiculopathy; chronic pain syndrome; chronic pain related insomnia; myofascial syndrome; neuropathic pain; prescription narcotic dependence; chronic pain related depression; and tension headaches. Dr. [REDACTED] is requesting: 1) Theramine #1202) Toradol 60mg injection. The utilization review determination being challenged is dated 08/26/14. The rationale follows: 1) Theramine #120: not recommended due to lack of quality studies of ingredients 2) Toradol 60mg injection: no documentation on severity of headache provided. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 03/13/14 - 08/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #120: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG, pain chapter, for: Theramine®

Decision rationale: The patient complains of pain in her bilateral shoulders, posterior cervical spine, low back and bilateral thighs. The request is for Theramine #120. Her diagnosis includes neuropathic pain, prescription narcotic dependence, chronic pain related depression, and tension headaches. Treater prescribes Theramine for patient's neuropathic pain, per progress report dated 08/18/14. ODG, pain chapter, states: "Theramine: not recommended." Requested medication is not recommended by ODG, therefore recommendation is for denial.

Toradol 60mg injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The patient complains of pain in her bilateral shoulders, posterior cervical spine, low back and bilateral thighs. The request is for Toradol 60mg injection. Her diagnosis includes neuropathic pain, prescription narcotic dependence, chronic pain related depression, and tension headaches. Per progress report dated 08/18/14, treater provided Toradol intramuscular injection for acute headache. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." 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 review of reports, treater has not documented why patient needs Toradol injection as opposed to taking oral NSAIDs, which provide comparable level of analgesia per MTUS. Recommendation is for denial.