

<b>Case Number:</b>	CM14-0182026		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	01/24/2010
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Interventional Spine 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 56-year-old female with a date of injury of 01/24/2010. The listed diagnoses are: 1. Cervicalgia. 2. Chronic pain syndrome. 3. Dysthymic disorder. 4. Lumbosacral neuritis. 5. Medical insomnia. 6. Myalgia. 7. Neuralgia. According to progress report 07/28/2014, the patient presents with complaints of pain in right hip, neck, and shoulder. She states that she is only sleeping 2 hours at night due to pain. She currently has a flare-up which has been going on for about 2 weeks. The patient states pain score as 8/10 right now and on average, 7-8/10. Without medications, pain is at 10/10, and with pain medication, pain is reduced to 8/10. Physical examination noted blood pressure as 103/60, pulse 74, resp. 14, height 5 feet 3 inches, weight 244 pounds, temperature 97.1, and BMI 42.2. Treater recommends a Toradol injection for flare-up. Progress report 05/13/2014 states patient continues with pain and request Nucynta. The request also includes 1 A/P pelvic x-ray and 2 occupational therapy sessions. These items are not discussed in the medical file provided for review. Utilization review denied the request on 10/08/2014. Treatment reports from 05/13/2014 through 10/27/2014 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 IM (intramuscular) injection of Toradol 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), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Academic Emergency Medicine volume V page 118 to 122 states intramuscular ketorolac AETNA clinical policy bulletin on Back Pain-Invasive Procedures

**Decision rationale:** This patient presents with low back pain, right hip, neck, and right shoulder pain. This is a request for 1 IM injection of Toradol 60 mg. The MTUS Guidelines page 72 under Ketorolac states: "This medication is not indicated for minor or chronic painful condition." Furthermore, the Academic Emergency Medicine volume V page 118 to 122 states "intramuscular ketorolac versus oral ibuprofen in emergency room department patients with acute pain." AETNA guidelines clinical policy for Back Pain, also considers Toradol injections investigational and experimental. 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. The requested Toradol injection is not medically necessary.

#### **1 AP pelvic x-ray: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip/pelvis chapter, x-rays

**Decision rationale:** This patient presents with low back, right hip, neck, and right shoulder pain. This is a request for 1 A/P pelvic x-ray. The progress report provided for my review does not provide any discussion regarding this request. Utilization review from 10/08/2014 indicates that pelvic x-ray was ordered to "assess leg length discrepancy." The ACOEM and MTUS guidelines do not discuss x-rays for the pelvis/hip. ODG guidelines has the following under its hip/pelvis chapter, x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) Medical file indicates the patient has hip pain, and no evidence that X-rays were done in the past. The request is medically necessary.

#### **Two (2) occupational therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99.

**Decision rationale:** This patient presents with low back, right hip, neck, and right shoulder pain. This is a request for 2 occupational therapy sessions. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. The progress reports provided for my review do not discuss this request. It does not appear that the patient has had occupational therapy in the recent past. Utilization review from 10/08/2014 indicates that this is a request for 2 sessions of occupational therapy to "teach patient how to use a cane." MTUS pages 98, 99 states that physical therapy is based on the philosophy that therapeutic exercise and/activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, MTUS allows for passive and active physical therapy in order to improve function and decrease pain. There is no discussion for treatment for educational purposes for utilizing a cane. Given such, recommendation for the 2 occupational therapy sessions is not medically necessary.

**1 prescription of Nucynta 75mg, #120 for 2 months: 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 criteria for use of opioids Page(s): 88, 89, 78.

**Decision rationale:** This patient presents with low back, right hip, neck, and right shoulder pain. The treater is requesting 1 prescription of Nucynta 75mg, #120 for 2 months. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Earliest progress report provided for review from 05/13/2014 indicates the patient was prescribed Norco as she was unable to refill Nucynta. It is unclear when the patient was initially prescribed Nucynta. In this case, recommendation for further prescription of Nucynta cannot be supported as the treater does not provide specific changes in ADL (activities of daily living) or functional improvement with the use of this medication. Before and after scales are provided to show analgesia, however adverse side effects and possible aberrant behaviors such as CURES, early refills/lost medications, etc are not addressed. Progress report 05/13/2014 indicates that there was a UDS (urine drug screen) from 04/22/2014 which was "negative for all medications." The treater does not address this inconsistent UDS. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.