

<b>Case Number:</b>	CM14-0185134		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 2, 2002. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a second lumbar epidural steroid injection, denied a Toradol injection, approved Suboxone, conditionally denied BuSpar, denied an unspecified topical compound, and denied a Medrol Dosepak. The claims administrator wrote in its Utilization Review Report that the request for Toradol represented a prospective request but then stated, somewhat incongruously, that the injection had already been administered on September 30, 2014. The applicant's attorney subsequently appealed. In an October 21, 2014 progress note, the applicant reported ongoing complaints of low back pain, mid back pain, bilateral shoulder pain, and bilateral foot pain. The applicant stated that the previously administered Toradol injection and Medrol Dosepak had apparently helped her. Pain ranging from 6/10 with pain medications to 10/10 without pain medications with an overall average of 7/10 pain was appreciated. The applicant was described as in distress at the last visit. Multiple medications were refilled, including dietary supplements such as GABAdone, Percura, and Trepadone. The applicant was asked to discontinue the topical compounded Neuro-Relief ointment. The attending provider stated that he would re-request a second epidural steroid injection. The applicant was asked to continue Suboxone, BuSpar, naproxen, Flexeril, and FluriFlex ointment. The applicant's work status was not furnished, although it did not appear that the applicant was working. In an earlier note dated September 30, 2014, the applicant reported 6-10/10 pain. The applicant stated that her earlier lumbar epidural steroid injection of August 7, 2014 was beneficial. Low back and bilateral leg pain, reportedly worsened, were noted. The attending provider suggested that the applicant was experiencing a flare in and/or exacerbation of pain. A Toradol injection and a Medrol Dosepak were endorsed for the same

while the applicant was asked to pursue a second epidural steroid injection. A topical compounded Neuro-Relief ointment was also endorsed. The applicant's work status was not furnished.

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

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

**Prospective request for 1 second LESI: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation MTUS 9792.20f.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. The earlier epidural steroid injection failed to curtail the applicant's dependence on a variety of other medications, including Medrol, topical compounds, Naprosyn, BuSpar, Suboxone, dietary supplements, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior epidural steroid injection over the course of the claim. Therefore, the request is not medically necessary.

**Prospective request for 1 IM injection of Toradol 60mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol section Page(s): 72. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Table 11.

**Decision rationale:** As noted above, the claims administrator's description of the service rendered was incongruous. The claims administrator stated in its Utilization Review Report that the request represented a prospective request for Toradol but then stated in the same report that the article in question had already been administered on September 30, 2014. While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, then, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, however, the applicant did present on September 30, 2014 reporting heightened symptoms of low back pain radiating to the lower extremities. An injection of ketorolac (Toradol) was indicated on or around the date in question, September 30 2014, to combat the acute flare in pain experienced on that date. The Third Edition ACOEM Guidelines Chronic Pain Chapter, it is incidentally noted, suggests that a single dose of ketorolac appears to be a useful alternative to a single dose of opioids in applicants

who present to the Emergency Department with severe musculoskeletal low back pain. Here, by analogy, the applicant presented to the clinic setting reporting an acute flare in pain on the date in question, September 30, 2014. Injectable Toradol was indicated to combat the same. Therefore, the request is medically necessary.

**Prospective request for unknown prescription of Neuro-Relief formula ointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the Neuro-Relief formula ointment in question are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Medrol, Naprosyn, Flexeril, etc., effectively obviates the need for the largely experimental Neuro-Relief formula ointment. Therefore, the request is not medically necessary.

**Prospective request for 1 prescription of Medrol dosepak:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8 308. Decision based on Non-MTUS Citation MTUS 9792.25.a.

**Decision rationale:** As with the request for Toradol, the claims administrator stated in his Utilization Review Report that the request represented a prospective request in one section of the report but then suggested that Medrol had already been dispensed on September 30, 2014 in another section of the same note. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8 does note that oral corticosteroids such as Medrol are considered "not recommended," this is an area where current guidelines and current medical evidence supplant the MTUS-adopted ACOEM Guidelines in Chapter 12. While MTUS 9792.25.a does note that the MTUS is presumptively correct, this recommendation is qualified by further commentary in the same section to the effect that this presumption is rebuttable and can be controverted by preponderance of scientific medical evidence. The Third Edition ACOEM Guidelines Low Back Chapter Medication section does acknowledge that glucocorticosteroids such as the Medrol Dosepak at issue are recommended for the treatment of acute severe radicular pain syndromes for the purposes of obtaining a short-term relief in pain. Here, the applicant did present on September 30, 2014 reporting heightened low back pain complaints radiating to the bilateral lower extremities. A Medrol Dosepak was indicated to combat the acute flare in radicular symptoms evident on the date in question. Therefore, the request is medically necessary.