

Case Number:	CM14-0210965		
Date Assigned:	12/23/2014	Date of Injury:	07/07/2007
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 7, 2007. In a Utilization Review Report dated December 4, 2014, the claims administrator denied a request for Toradol and TENS unit patches dispensed and/or administered on November 4, 2014. The applicant's attorney subsequently appealed. In a handwritten note dated April 1, 2014, the applicant was placed off of work, on total temporary disability for an additional month while BuTrans patches were endorsed owing to a primary complaint of chronic low back pain. On July 1, 2014, the attending provider refilled unspecified pain medications owing to 3/10 low back pain and associated radicular pain complaints. The applicant was reportedly benefiting from TENS unit, the attending provider stated. The applicant was nevertheless placed off of work, on total temporary disability. In a handwritten prescription seemingly dated March 17, 2014, the applicant was given refill of Norco. The remainder of the file was surveyed. The applicant was given refills of Norco and BuTrans at various points throughout 2014. It did not appear that the November 4, 2014 progress note on which the articles in question were dispensed was incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 2 units Toradol injection given during visit on 11/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: While the MTUS does not specifically address the topic of injectable ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is not recommended for minor or chronic painful conditions. By analogy, injectable ketorolac or Toradol is likewise not indicated for minor or chronic pain conditions. While the Third Edition ACOEM Guidelines, Chronic Pain Chapter does acknowledge that injectable Toradol is a useful alternative to a single moderate dose of opioids in applicants who presented to an emergency department setting with severe musculoskeletal low back pain, in this case, however, the November 4, 2014 progress note in which the article in question was not incorporated into the independent medical review packet. There was no evidence of a significant flare in low back pain necessitating an injection of Toradol in the clinic setting. Therefore, the request is not medically necessary.

Retrospective: TENS patches dispensed 11/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond that initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of TENS unit. The applicant continues to remain dependent on opioid agents such as Norco and BuTrans. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of a TENS unit. Therefore, the request for associated TENS unit supplies (AKA patches) is not medically necessary.