

Case Number:	CM15-0006555		
Date Assigned:	01/21/2015	Date of Injury:	04/14/1998
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 61 year old male, who sustained an industrial injury on 4/14/1998. He has reported neck pain and severe headaches. The diagnoses have included status post multiple neck surgeries, cervicogenic headaches, opioid dependence/abuse, depression and anxiety. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, anti-anxiety medication, cervical epidural steroid injection, trigger point injections, 21 day detoxification program three times, most recent admission was in March 2014, and self administered Toradol injections as needed for severe headaches. Currently, the IW complains of neck pain and severe headaches requiring Toradol injections intramuscular approximately once a week. Complaints of no sleep for three days due to lack of medication was documented. Physical examination dated 11/13/14 significant for cervical tenderness with palpation, taut muscle bands bilaterally in para-cervical and trapezius muscles, and significant decreased Range of Motion (ROM) of the cervical spine. A pain management re-evaluation from December 2014 submitted for review did not include physical examination findings. The IW was documented to continue to be opioid-free. There is documentation of 16 ER visits in 2013 and similar number of visits in 2014 for requests of Toradol injections and Dilaudid. The prescriptions for home Toradol injections was to decrease the number of ER visits. A Psychiatric Referral was approved in November 2014. The medications listed are Xanax, Aleve, Tylenol, Elavil, Lunesta and Toradol injections. The UDS reports were consistent with Xanax and Elavil prescriptions. On 12/24/2014 Utilization Review non-certified a Toradol 30mg injectable vials, one (1) time a week QTY#4 with syringes and needles, and Lunesta 3mg #30, noting the recommended length of treatment

and lack of documentation that a psychological assessment was completed. The MTUS and ODG Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of Toradol 30mg injectable vials, one (1) time a week QTY#4 with syringes and needles, and Lunesta 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 30mg, injectable vials, 1 time a week, #4 with syringes and needles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23, 67-73. Decision based on Non-MTUS Citation Pain Chapter NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with renal, cardiac and gastrointestinal complications. The records show that the patient was utilization weekly Toradol injections at the ER and at home for the treatment of severe pain. There is a history of opioid addiction. The records did not show failure of standard preventive and abortive migraine headache treatments. There is no documentation of failure of oral NSAIDs or co-analgesic medications such as gabapentin. The frequent use of Toradol is associated with increased incidence of bleeding disorders especially in patients utilizing multiple NSAIDs. There is a significant history of psychosomatic disorders that is awaiting treatment Psychiatrist evaluation. The criteria for the use of Toradol 30mg injection vials, weekly #4 with syringes and needles was not met.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Pain Chapter Mental illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that sedatives and hypnotics can be utilized for short term treatment of insomnia when non medication sleep measures have failed. The chronic use of sleep medications can be associated with the development of tolerance, dependency, daytime somnolence, addiction and adverse interactions with other sedative medications. The records indicate that the patient was utilizing multiple medications with sedative actions including antidepressants and anxiolytics. There is significant psychosomatic symptoms including suicidal thoughts that is awaiting evaluation by a psychiatrist. The guidelines does not support the use of sedatives for periods longer than 4 weeks. The criteria for the use of Lunesta 3mg #30 was not met.

