

Case Number:	CM15-0113957		
Date Assigned:	06/22/2015	Date of Injury:	05/17/2014
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 53 year old female with an industrial injury dated 05/17/2014. The mechanism of injury is documented as a fall striking her head on a concrete floor. Her diagnoses included cervical spine - disc protrusion at cervical 5-6 with right sided cervical 6 radiculopathy, lumbar spine - disc protrusion at lumbar 5-sacral wit left sided radiculopathy, right shoulder - rotator cuff injury with impingement and left shoulder - strain/sprain. Prior treatment included physical therapy, medications and trigger point injections. She presents on 05/15/2015 with complaints of neck, bilateral shoulder and low back pain. Physical exam of the cervical spine noted spasm about the posterior neck. There was pain with motion which radiated into the left upper extremity. Inspection of the lumbar spine noted spasm about the lower lumbar area. There was point tenderness and pain with motion. Lasegue's test was positive on the left. There was decreased sensation to the dorsal radial aspect of the left hand and decreased sensation to the dorsal lateral aspect of the left foot. MRI of the cervical spine demonstrated a 2 mm disc bulge at cervical 5-6 and cervical 6-7. MRI of the lumbar spine demonstrated 2-3 mm disc protrusion at lumbar 4-5 and lumbar 5- sacral 1. MRI scan of the right shoulder demonstrated a rotator cuff tear. The above results are documented in the 05/15/2015 note. A formal report is not in the submitted records. The request is for retrospective - Depomedrol 40 mg/ml, retrospective - Dexamethasone 20 mg/ml and retrospective - Toradol 60 mg/ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; Toradol 60mg/ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 72.

Decision rationale: Ketorolac is a Non-steroidal Anti-inflammatory drug (NSAID) that has significant side effects. As per MTUS Chronic pain guidelines, Ketorolac (Toradol) is not indicated for minor or chronic pain. Pt has chronic pain with no documentation of any flare or debilitating pain. The use of ketorolac for a chronic pain condition is an off label use contravening FDA labeling and has significant risk to the health of the patient. The use of Toradol injection is not medically appropriate and not medically necessary.

Retrospective; Dexamethasone 20mg/ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Low Back Complaints- Thoracic or Lumbar", "Corticosteroids".

Decision rationale: Dexamethasone is a corticosteroid. MTUS Chronic pain or ACOEM Guidelines do not adequately address this issue. As per Official Disability Guidelines (ODG), corticosteroids may be used under certain criteria. 1) Pt should have clear-cut signs of radiculopathy meets criteria. 2) Risk of steroid should be discussed and documented does not meet criteria. 3) Minimal benefit of steroids should be discussed and documented does not meet criteria. 4) Use during acute phase Fails criteria. There is no rationale or justification as to why patient needed an intramuscular or intravenous injection of steroids when oral steroids are just as effective. Due to poor documentation, the request for Dexamethasone does not meet criteria for recommendation and is not medically necessary.

Retrospective; Depomedrol 40mg/ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints- Thoracic or Lumbar, Corticosteroids.

Decision rationale: Depomedrol is a corticosteroid. MTUS Chronic pain or ACOEM Guidelines do not adequately address this issue. As per Official Disability Guidelines (ODG), corticosteroids may be used under certain criteria. 1) Pt should have clear-cut signs of radiculopathy meets criteria. 2) Risk of steroid should be discussed and documented does not meet criteria. 3) Minimal benefit of steroids should be discussed and documented does not meet criteria. 4) Use during acute phase Fails criteria. There is no rationale or justification as to why patient needed an intramuscular or intravenous injection of steroids when oral steroids are just as effective. Due to poor documentation, the request for Depomedrol does not meet criteria for recommendation and is not medically necessary.