

<b>Case Number:</b>	CM15-0119746		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, 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 injured worker is a 60 year old male, who sustained an industrial injury on 12/06/2005. He has reported injury to the low back. The diagnoses have included low back pain; lumbar radiculopathy; lumbar degenerative disc disease; status post left L4-5 and L5-S1 laminectomy and discectomy; L2-3 and L3-4 spinal stenosis with neurogenic claudication; lumbar postlaminectomy syndrome; chronic pain syndrome; and anxiety. Treatment to date has included medications, diagnostics, heat, ice, injections, home exercise program, physical therapy, and surgical intervention. Medications have included Norco, Alprazolam, and Morphine Sulfate ER. A progress note from the treating physician, dated 05/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; the pain is rated as a 5-6/10 in intensity with pain medications, and as a 8-9/10 in intensity without pain medications; he continues to have stabbing pain in his low back and in his right shin and left foot; the pain is unchanged since his last appointment; he is having increased pain in his low back due to the long drive to the appointment and is requesting a Toradol injection, as they allow his pain to return to baseline; he is trying to hold off on surgery as long as he can, but feels he will eventually need to go through with it; medications continue to be helpful; he feels the combination of the Morphine Sulfate ER for chronic pain, Alprazolam for anxiety due to chronic pain, and Norco for breakthrough pain allow him to remain more functional; the Morphine Sulfate ER and the Norco combined take away about 50% of his pain; and he can do activities of daily living with the help of his medications. Objective findings included tenderness over the lumbar paraspinals; pain with lumbar flexion and extension; sacroiliac joints are tender; Patrick's sign and Gaenslen's maneuver are positive on the left;

and straight leg raise elicits low back pain on the left side greater than right side. The treatment plan has included the request for Alprazolam 0.5 mg, quantity: 60; Toradol 60 mg injection, quantity: 1 (retrospective date of service: 05/29/15); and urine drug screen, quantity: 1 (retrospective date of service: 05/29/15).

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

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

#### **Alprazolam 0.5 mg Qty 60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

**Decision rationale:** This claimant was injured 10 years ago with a low back injury. The diagnoses have included low back pain; lumbar radiculopathy; lumbar degenerative disc disease; status post left L4-5 and L5-S1 laminectomy and discectomy; L2-3 and L3-4 spinal stenosis with neurogenic claudication; lumbar postlaminectomy syndrome; chronic pain syndrome; and anxiety. As of May, there is still low back pain. He is requesting a Toradol injection for the drive back home. No drug issues are noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline.

#### **Toradol 60 mg injection, Qty 1 (retrospective DOS 5/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Toradol injections.

**Decision rationale:** As shared, this claimant was injured 10 years ago with a low back injury. The diagnoses have included low back pain; lumbar radiculopathy; lumbar degenerative disc disease; status post left L4-5 and L5-S1 laminectomy and discectomy; L2-3 and L3-4 spinal stenosis with neurogenic claudication; lumbar postlaminectomy syndrome; chronic pain syndrome; and anxiety. As of May, there is still low back pain. He is requesting a Toradol injection for the drive back home. No drug issues are noted. Per the Physician Desk Reference, Toradol, or Ketorolac, can be injected IM, and may be used as an alternative to opioid therapy. The claimant wished to have the injection prior to a long drive, which is inadvisable due to

safety side effects. It would not be medically appropriate. This request was appropriately non-certified under the available information sources regarding Toradol.

**Urine Drug Screen, Qty 1 (retrospective DOS 5/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

**Decision rationale:** Again, this claimant was injured 10 years ago with a low back injury. The diagnoses have included low back pain; lumbar radiculopathy; lumbar degenerative disc disease; status post left L4-5 and L5-S1 laminectomy and discectomy; L2-3 and L3-4 spinal stenosis with neurogenic claudication; lumbar postlaminectomy syndrome; chronic pain syndrome; and anxiety. As of May, there is still low back pain. He is requesting a Toradol injection for the drive back home. No drug issues are noted. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria.