

Case Number:	CM15-0170058		
Date Assigned:	09/10/2015	Date of Injury:	06/12/2001
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 57 year old male who sustained an industrial injury on June 12, 2001. A recent follow up visit dated August 11, 2015 reported urine toxicology dated November 05, 2014 revealed positive results for: Opioids, THC, and Benzodiazepines also methamphetamines. The worker reported having had taken cold medications. The following diagnoses were applied: lumbar pain; radiculopathy, lumbar; post-laminectomy syndrome, lumbar. The plan of care noted: continuing with Kadian, Morphine Sulfate, and Toradol. He was administered a Toradol injection. Follow up dated June 16, 2015 reported current medication regimen consisted of: Kadian ER, Morphine Sulphate 30mg. Follow up visit dated July 14, 2015 reported current medications were Kadian and Morphine Sulphate. Treating diagnoses included: lumbar pain; lumbar disc herniation; and sacroilitis. A primary treating visit dated May 21, 2015 reported chief subjective complaint of low back pain. Treatment completed: activity modification, medication, chiropractic care, physical therapy, injections, acupuncture, and brace. Objective assessment noted significant pain with twisting of the lumbar spine. The following diagnoses were applied: lumbago; sprain of lumbar region and bilateral low back pain with sciatica laterally. The plan of care noted Hydrocodone Acetaminophen 5mg 325mg along with surgery. Pain management follow up dated May 19, 2015 reported medications as Morphine Sulphate and Kadian.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30 MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Morphine Sulfate 30mg is not-medically necessary.

Kadian 60 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Kadian 60mg is not-medically necessary.

Ketorolac Tromethamine 10 MG #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Ketorolac tromethamine (name brand Toradol) is an NSAID in the family of heterocyclic acetic acid derivatives, which is used as an acute analgesic. The California MTUS Chronic Pain Medical Treatment Guidelines state that toradol is "not indicated for minor or chronic painful conditions." The medical records support that this patient has chronic back pain with polysubstance abuse. Within the documentation available for review, there is no indication that the prescribed Toradol is being used to treat something other than a chronic painful condition. Therefore, based on the submitted medical documentation, the request for ketorolac 10mg is not medically necessary.

Toradol 30 MG IM Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Ketorolac tromethamine (name brand Toradol) is an NSAID in the family of heterocyclic acetic acid derivatives, which is used as an acute analgesic. The California MTUS Chronic Pain Medical Treatment Guidelines state that toradol is "not indicated for minor or chronic painful conditions." The medical records support that this patient has chronic back pain with polysubstance abuse. Within the documentation available for review, there is no indication that the prescribed Toradol is being used to treat something other than a chronic painful condition. Therefore, based on the submitted medical documentation, the request for toradol 30mg IM is not medically necessary.