

Case Number:	CM15-0170346		
Date Assigned:	09/10/2015	Date of Injury:	06/26/2012
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 43 year old female who sustained an industrial injury June 26, 2012. Past history included anterior cervical decompression and instrumented fusion C5-6 level with allograft bone, interbody cage and anterior cervical plating December 11, 2014. Diagnoses are disc herniation, C5-6, with neurological deficits, status post ACDF; musculoligamentous sprain, strain, cervical spine; lumbar strain with multi-level degenerative disc disease. According to a primary treating physician's progress report, dated July 20, 2015, the injured worker presented with improved neck pain and improvement in numbness and tingling of the bilateral upper extremities. She reports continued low back pain, rated 3 out of 10 with medication and 8 out of 10 without medication. The physician documented; "her pain has been worse recently because she did not have any medications authorized and she requests a Toradol injection". She also requests an extremity evaluation for her hands and knees due to increase of pain. She has been weaned off all narcotics and she reports topical analgesics keep her pain manageable. Her insomnia has improved with Ambien. Current medication included Flector patch, Lunesta, Omeprazole, Robaxin, and ibuprofen. Objective findings included; normal reflex, sensory and power testing to the bilateral upper and lower extremities; straight leg raise and bowstring are negative bilaterally; normal gait and can heel toe walk; positive cervical and lumbar tenderness, cervical range of motion not assessed; lumbar spine range of motion decreased 20%; femoral stretch negative bilaterally; negative Lhermitte's and Spurling's sign; Babinski are downward bilaterally. Treatment plan included to refill medications, Toradol 60mg IM (intramuscular) injection administered and a qualitative urine drug screen performed. At issue, is a request for

authorization, dated July 21, 2015, for a retrospective full panel drug screen 80101-QW (date of service 7-20-2015) and a retrospective Toradol IM injection (date of service 7-20-2015). An MRI lumbar spine, dated January 14, 2014, physician documented multi-level degenerative disc disease with mild spinal stenosis. An MRI of the cervical spine, dated January 14, 2014, physician documented herniated nucleus pulposus C5-6. According to utilization review, performed August 3, 2015, the retrospective request for IM Toradol injection and retrospective full panel drug screen is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro IM Toradol 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, specific drug list & adverse effects.

Decision rationale: The California chronic pain medical treatment guidelines section on Ketorolac states: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Per the ODG: Only recommended for short-term in management of moderately severe acute pain that requires analgesia at the opioid level. In this case, the documentation does not indicate acute pain treatment but rather than the treatment of a chronic pain condition. In the absence of acute pain treatment, the medication is not indicated per the California MTUS and the ODG. Therefore, the request is not medically necessary.

Retro Full Panel Drug Screen 80101-QW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain , Urine drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information

from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)

(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.

(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.

(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).

(g) Continuing review of overall situation with regard to non-opioid means of pain control.

(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was not on opioids at the time of request and not showing aberrant behavior therefore the request is not medically necessary.