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| Case Number: | CM15-0171781 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 06/06/2003 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

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 59 year old female who sustained an industrial injury on 06-06-2003. The injured worker was diagnosed with lumbago, lumbar-thoracic radiculitis and long term medication use. According to the treating physician's progress report on July 15, 2015, the injured worker continues to experience low back and leg pain with a recent exacerbation on July 4, 2015 and was treated in the emergency room with intramuscularly Dilaudid which made her sick and now returning to baseline. The injured worker rated her pain at 7 out of 10 on the pain scale with medications. The injured worker is able to perform her activities of daily living. She also reported insomnia, nausea, vomiting, and depression. Examination of the cervical spine was tender with a negative upper extremity evaluation. There was tenderness of the lumbar spine and at the facet joints. Decreased flexion, extension and lateral bending were noted. The bilateral lower extremities had full range of motion with normal bulk and tone. The injured worker was administered an intramuscularly injection of Ketorolac Tromethamine (Toradol) at the office visit on July 15, 2015. Current medications were listed as Norco 10mg-325mg, Ibuprofen, Wasabi hot cream, Fluori-Methane topical spray and Ethyl chloride 100% topical spray. Treatment plan consists of recommendations for lumbar surgery and bilateral triple blocks. On July 24, 2015 the provider requested a retrospective authorization for Toradol 60mg/2ml intramuscularly injection (DOS: 07/15/2015) and the retrospective request for a urine drug screen (DOS: 07-15-2015) which the Utilization Review determined to be not medically necessary on 07-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Drug screen (DOS: 07/15/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Urine drug testing (UDT).

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 nonopioid 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 on opioids at the time of request and therefore the request is medically necessary.

Retrospective: Toradol 60mg/2ml 2 milliliters inf 30 days for a total of 60mg (DOS: 07/15/2015): Overturned

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 indicate acute pain treatment and therefore the request is medically necessary.