

Case Number:	CM15-0177821		
Date Assigned:	09/18/2015	Date of Injury:	09/07/2011
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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: Connecticut, California, Virginia

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 52 year old female who sustained an industrial injury September 7, 2011. Past history included status post arthroscopy left knee, debridement, synovectomy, meniscectomy October 2012 and status post right shoulder arthroscopy May 2013 and November 2013. According to a primary treating physician's progress report, dated August 6, 2015, the injured worker presented with low back pain radiating to the right leg to ankle, with positive paresthesias. She also reported persistent pain in the right shoulder and left knee. Objective findings included; pain with lumbar range of motion-motion 60% of normal; positive tenderness of the lumbar spine, paralumbar, and right sacroiliac. Some handwritten notes are difficult to decipher. Diagnoses are lumbar sprain, strain disc protrusion L3-4; medial meniscus tear left knee; chondromalacia patella left knee. Treatment plan included an appeal for a denial of a lumbar epidural steroid injection, and at issue, a request for authorization for Toradol and Diclofenac. An MRI of the lumbar spine dated June 9, 2015,(report present in the medical record) impression; mild multilevel disc desiccation and facet arthropathy in the lower lumbar spine; the most severe level L3-4, characterized by moderate central canal stenosis and mild bilateral neural foraminal stenosis; additional mild neural foraminal stenosis from L2-S1. A urine drug screen report dated May 6, 2015, is present in the medical record. According to utilization review dated August 12, 2015, the request for Toradol 50mg #30 is non-certified. The request for Diclofenac 75mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 50mg #30: 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 CA MTUS clearly states that ketorolac (Toradol) is not for use in cases of minor or chronic pain. In this case, the chronic nature of the case is a clear indication against the use of ketorolac, and without clear evidence of acute pain exacerbation requiring acute treatment in the provided documents, use of Toradol is not considered appropriate per the regulations. Therefore, the request is not medically necessary based on the guidelines and provided records.

Diclofenac 75mg #60: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, in light of the chronic nature of the treatment, diclofenac may provide clinical improvement, however, this should be clearly documented in order to facilitate further requests. At this time, it is unclear as to whether the risk of use outweighs the benefit and therefore the request is considered medically necessary in order to facilitate appropriate documentation of functional improvement on the medication.