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| Case Number: | CM15-0178840 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 11/06/2013 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of November 6, 2013. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve requests for Toradol and baclofen. The claims administrator did, however, approve a walker, cane, and Elavil. The claims administrator referenced a July 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 24, 2015 office visit, the applicant reported worsening complaints of knee and low back pain, 7-8/10. The applicant was placed off of work, on total temporary disability. The applicant reportedly exhibited gait derangement in the clinic. The applicant was described as severely obese, standing 66 inches tall, weighing 280 pounds. A cane and walker were endorsed while the applicant was kept off of work. Toradol was seemingly endorsed. It was not clear whether the claimant was given an injection of Toradol versus oral Toradol. Lidoderm patches, baclofen, and Elavil were also endorsed. The applicant was having difficulty performing any kind of movement. 8/10 without medications versus 7/10 pain with medications was reported. The attending provider acknowledged that the applicant still had difficulty moving, walking, standing, and the like, despite ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg (Rx Given): 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: No, the request for Toradol was not medically necessary, medically appropriate, or indicated here. As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, ketorolac or Toradol is not recommended for minor or chronic painful conditions. Here, the July 24, 2015 progress note failed to identify evidence of an acute or severe flare in pain complaint present on that date. It appeared, thus, that Toradol had in fact been endorsed for chronic low back pain purposes, without any clear evidence of an acute flare in symptomatology on or around the date of the request, July 24, 2015. Therefore, the request was not medically necessary.

Baclofen 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the management of spasticity and muscle spasms associated with multiple sclerosis and spinal cord injuries but can be employed for unlabeled use for neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was acknowledged on July 24, 2015. The applicant had significant difficulty to perform activities of daily living as basic as changing positions, walking, standing, etc., despite ongoing baclofen usage. The applicant was asked to employ a walker and/or cane on that date. Pain complaints as high as 7/10 was reported, despite ongoing baclofen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

