

Case Number:	CM15-0026711		
Date Assigned:	02/19/2015	Date of Injury:	02/17/2006
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old, male patient, who sustained an industrial injury on 02/17/2006. A primary treating office visit dated 01/26/2015 reported subjective complaint of back pain. He stated that Norco and Opana ER are helpful; however, the insurance hasn't been filling the Norco and as a result he's with increased pain. The primary suggestion is trying an injection of Toradol if non-authorization persists. Objective findings showed tenderness to palpation along the lumbar paraspinals, iliolumbar and sacroiliac regions. Back pain is noted on range of motion. Facet maneuver is equivocal. The lumbar range of motion is limited at 70 % of normal. The impression noted low back pain syndrome, mechanically, possible discogenic low back pain with intermittent left lumbar radiculitis. The plan of care involved prescribing Opana ER and Norco 5/325, continue with independent exercise and return in one month. A request was made for the following prescriptions; Opana ER 20MG and 1 Toradol injection. On 02/04/2015, Utilization Review, non-certified the request, noting both the CA MTUS, Chronic Pain, opana and the ODG, Toradol were cited. On 02/12/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Opana ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: One (1) prescription of Opana ER 20mg #60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term Opana (since 2012) without significant functional improvement. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, signed and updated opioid contract and recent urine drug screen. None of these aspects of prescribing are in evidence in the recent documentation. The request for one prescription of Opana ER is not medically necessary.

One (1) toradol injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects: Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Ketorolac (Toradol)_i^{1/2}.

Decision rationale: One (1) toradol injection is not medically necessary per the MTUS and the ODG guidelines. The MTUS guidelines state that this medication is not indicated for minor or chronic painful conditions. The ODG states that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The documentation indicates that the patient has chronic pain. The documentation indicates that the patient has had prior Ketorolac injections without significant functional improvement. The request for one toradol injection is not medically necessary.