

Case Number:	CM15-0061918		
Date Assigned:	04/07/2015	Date of Injury:	08/09/2000
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on August 9, 2000. She reported left foot, left leg and back pain. The injured worker was diagnosed as having lumbar radiculitis, lumbago, sciatica, joint dysfunction, and hip and pelvis pain. Treatment to date has included diagnostic studies, conservative therapies, pain injections, medications and work restrictions. Currently, the injured worker complains of low back pain radiating down the left hip, groin and leg. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 11, 2015, revealed continued pain. She reported wanting another injection and noted benefit with the last one however an injection was not covered. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg qty: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Toradol 60mg 2ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

Decision rationale: MTUS discusses indications for the NSAID Toradol. This guideline emphasizes an FDA black box warning stating that this medication is not indicated for minor or chronic painful conditions. Neither the records nor the treatment guidelines provide a rationale for this medication in the current chronic timeframe. The request is not medically necessary.