

Case Number:	CM15-0065006		
Date Assigned:	04/13/2015	Date of Injury:	03/16/2000
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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: New Jersey

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 47 year old male, who sustained an industrial injury on 03/16/2000. He has reported injury to the right knee and low back. The diagnoses have included L3-4 junctional level discopathy; status post L4-S1 360 degree fusion; status post lumbar spine hardware removal; right knee tendinosis; and status post left and right knee arthroscopies. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco and Tramadol. A progress note from the treating physician, dated 02/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of unchanged low back pain, rated at 7-8/10 on the visual analog scale; significant spasm and discomfort to the low back; alternates Norco and Tramadol; and has had recent Synvisc injection to the right knee. Objective findings included weakness to the lower extremities; straight leg raise notes quadriceps tightness and stretch positive with sacroiliac joint tenderness; and an antalgic short-stepped gait. The treatment plan has included the request for one intramuscular (IM) injection of 2 cc of Toradol; and Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin .0375%, Menthol 5%, Camphor 2% cream 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 IM injection of 2cc of Toradol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation ODG, Pain section, Ketorolac.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. Toradol (ketorolac) is an NSAID typically use in injectable form for acute pain, and is not indicated for minor or chronic painful conditions. The oral form is only recommended to be used for short durations (up to 5 days) in management of moderately severe acute pain, and should not be given as an initial dose, but only as a continuation after an intravenous or intramuscular dose. In the case of this worker, on the day of the Toradol injection (2/25/2015), it was documented that there was no change to his chronic pain levels, suggesting there was no acute flare-up which might have warranted using Toradol. Therefore, the 1 IM injection of 2cc of Toradol will be considered medically unnecessary based on the documentation provided for review.

Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin .0375%, Menthol 5%, Camphor 2% cream 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical muscle relaxants, in particular, do not have sufficient evidence to support their general use in chronic pain, nor does topical gabapentin. Topical NSAIDs have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. In the case of this worker, the combination/compounded topical analgesic medication, Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin .0375%, Menthol 5%, Camphor 2% cream, was prescribed. Due to this preparation containing non-approved ingredients (gabapentin, cyclobenzaprine), it will be considered medically unnecessary.