

Case Number:	CM15-0067802		
Date Assigned:	04/15/2015	Date of Injury:	08/26/2014
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 38-year-old female who sustained an industrial injury on 8/26/14. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having muscle spasms of neck, cervical sprain/strain and costal cartilage with sternum sprain. Treatments to date have included activity modifications, anti-inflammatory medications, rest, oral pain medication and physiotherapy. Currently, the injured worker complains of neck and back pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg 1 BID #60 5 refills prescribed on 3-16-15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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. In the case of this worker, there was an intention to continue to treat the worker with naproxen on a chronic basis, but without any justification for such a recommendation, considering the medication's risks with ongoing long-term use. Therefore, the request for 5 months of continued naproxen will be considered medically unnecessary.

IM injection Ketorolac 60mg with Lidocaine 1ml given 3-16-15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, Ketorolac.

Decision rationale: Ketorolac (Toradol), 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, the use of a ketorolac/lidocaine intramuscular injection does not seem to be justified based on the documentation provided for review. There was no evidence that this worker was experiencing an acute flare of pain, but rather a continuation of chronic pain. Also, using an NSAID along with another prescription for an oral NSAID is redundant and brings increased risks associated with NSAID use. Therefore, the request for IM injection ketorolac 60 mg with lidocaine will be considered medically unnecessary at this time.