

Case Number:	CM15-0068629		
Date Assigned:	04/16/2015	Date of Injury:	08/03/2011
Decision Date:	06/09/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 60 year old female, who sustained an industrial injury on 08/03/2011 who was complained that her knees popped, she then passed out, fell and hit her head. The diagnoses have included right knee sprain and torn ACL of bilateral knees. On provider visit dated 03/11/2015 the injured worker has reported medial, anterior knee pain. On examination of the knees, there was swelling, instability, locking and catching noted. Pain with movement was noted. Treatment to date has included MRI, x-rays, and medication. The provider requested Baclofen 10 mg #90, bilateral lumbar epidural steroid injection, L5-S1, Colace 100 mg #90 and Toradol 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain(LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Although there is concern with the lumbar spine reported, the primary treatment concerns the knees. There is insufficient information provided for the request of this medication. Medical necessity for the requested muscle relaxant has not been established. The requested medication is not medically necessary.

Bilateral lumbar epidural steroid injection, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Research has shown that, on average, less than two injections are required for a successful ESI outcome. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no documentation of rationale for the ESI, patient lumbar spine complaints or documentation of radiculopathy. Medical necessity for the requested bilateral L5-S1 ESI has not been established. The requested ESI is not medically necessary.

Colace 100 mg #90: 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 Official Disability Guidelines (ODG) Colace.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, the patient is not maintained on opioids or other medications that would require this prophylactic medication. The medical necessity of Colace has not been established. The requested medication is not medically necessary.

Toradol 60 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Ketorolac (Toradol) is a non-steroidal anti-inflammatory drug (NSAID). The oral form is only recommended for short-term (up to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, and only as a continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Dosing is always started with parenteral therapy and oral administration is indicated only as a continuation of intravenous (IV)/intramuscular (IM) dosing, if necessary. The single IV dose is 30mg, with a dose of 30mg every 6 hours, not to exceed 120 mg/day. The single IM dose is 60mg or 30mg every 6 hours, not to exceed 120 mg/day. The oral dose is 20mg once after IV or IM therapy, then 10mg every 4-6 hours, not to exceed 40 mg/day. The guidelines do not recommend Toradol for chronic pain, as in this case. In addition, the dosing is unclear for the IM Toradol administration requested. Medical necessity for Toradol has not been established. The requested medication is not medically necessary.