

<b>Case Number:</b>	CM15-0069587		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/14/2007
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old female, who sustained an industrial injury on 9/14/07. She reported pain in lower back. The injured worker was diagnosed as having status post lumbar fusion with radicular pain, lumbar discogenic disease, chronic low back pain and symptomatic hardware of lumbar spine. Treatment to date has included lumbar fusion, epidural injections, physical therapy, home exercise program and oral medications including opioids. Currently, the injured worker complains of chronic low back pain; she states she has been without medications for 2 months and with medications she can perform household duties. Physical exam of lumbar spine revealed moderate spasms, healed posterior incision, tenderness to palpation over the bilateral lumbar facet joints and along the lower lumbar hardware and low back soreness is noted. The treatment plan included prescription for Norco #180, Colace 100mg, Prilosec 20 mg, continuation of home exercise program, surgery appointment, Toradol 60mg intramuscular, request for physical therapy and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #180: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

**Decision rationale:** Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records show that the injured worker has been taking Norco on a long term basis. Utilization Reviews noted that there was no documentation of functional improvement or failure of non-opioid analgesics. The treatment note on 4/7/15 does document specific functional improvement with increased ability to perform ADLs. After discontinuing Norco without other opioid treatment her pain level is described as 10 out of 10. With use of Norco there was significant pain relief without limiting side effects. Urine drug testing has been performed. She has been on NSAID medication which has not provided adequate relief. Given the additional documentation provided, the request for Norco 10/325mg #180 is medically necessary.

**Retrospective 1 IM Injection of Toradol 60mg 3/19/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Non-steroidal anti-inflammatory drugs, Ketorolac.

**Decision rationale:** The MTUS states that for Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. The ODG guidelines state that Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain

(transition from IV or IM) for adults < 65 years of age: 20mg PO followed by 10mg PO every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose. (Toradol Package Insert) In this case her pain condition is chronic in nature and thus not an indication for Toradol. The request for retrospective 1 IM Injection of Toradol 60mg on 3/19/15 is not medically necessary.