

Case Number:	CM15-0072487		
Date Assigned:	04/27/2015	Date of Injury:	08/23/2001
Decision Date:	07/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old female, who sustained an industrial injury on 8/23/2001. She reported a fall off a ladder. The injured worker was diagnosed as having cervical and lumbar degenerative disc disease, cervical radiculopathy, and radicular symptoms on the left lower extremity, insomnia, and situational stress. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. On 1/05/2015, the injured worker complains of chronic low back and neck pain. She reported worsened right hand radiculopathy and increased radicular symptoms to the leg for 3 weeks, noting decreased sensation to the left side. She was able to sit, stand, or walk for 5 minutes and sleep was disturbed 5-6 times per night due to pain. Pain was rated 7/10, with no levels lower than 6/10. Current medication use included Ibuprofen, Voltaren, and Norco. She received Toradol 60mg intramuscularly and iontophoresis x1 to the low back. On 2/25/2015, she reported soreness from starting physical therapy on 2/24/2015. She was able to sit 45 minutes, stand 30 minutes, and walk 30 minutes. Sleep pattern was unchanged and pain was rated 7/10. Elevated liver function tests were referenced and she was currently unable to take oral medications for pain. She received Toradol 60mg intramuscularly and iontophoresis x1 to the low back. The treatment plan included Toradol 60mg intramuscularly at each monthly visit, iontophoresis monthly, and referral to orthopedic surgeon for evaluation of neck and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection 60g IM, 1 time per month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Regarding the request for Ketolorac, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of severe pain. However, guidelines note it is not indicated for chronic painful conditions, and it is not appropriate to treat a patient with this on a monthly basis. Rather, the oral medication regimen should be modified to account for breakthrough pain episodes. As such, the currently requested injection is not medically necessary.

Retro Iontophoresis for the cervical spine (DOS: 2/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Iontophoresis.

Decision rationale: With regard to this request, the ACOEM and CA MTUS are silent. The ODG Neck Chapter specifies the following regarding iontophoresis: "Not recommended. The current evidence on Galvanic current (direct or pulsed), iontophoresis, TENS, EMS, PEMF and permanent magnets is lacking, limited, or conflicting. Iontophoresis is the use of electromagnetic force (0.5 mA to 20 mA) to enhance percutaneous absorption of a drug or chemical, such as dexamethasone, to relatively shallow depths (up to 10 mm). (Kroeling-Cochrane, 2005) There is very low quality evidence that iontophoresis is not more effective than placebo. Iontophoresis did not reduce pain or disability. (Kroeling, 2009)" Given the poor evidence to support this modality, this request is not medically necessary.