

Case Number:	CM15-0073108		
Date Assigned:	04/23/2015	Date of Injury:	09/04/1990
Decision Date:	05/21/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/17/2015

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: Ohio, North Carolina, Virginia
 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 45 year old female, who sustained an industrial injury on 9/4/1990. The current diagnoses are lumbar degenerative disc disease, failed back surgery syndrome, migraine headaches, anxiety disorder, and depression and insomnia secondary to chronic pain. According to the progress report dated 3/27/2015, the injured worker complains of chronic intractable low back pain with radiation into the lower extremity. The pain is rated 10/10 on a subjective pain scale. The current medication list was not available for review. Treatment to date has included medication management, physical therapy, TENS unit, pain injections, and surgical intervention. The plan of care includes prescription for Toradol injection and electromyography studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Studies: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back chapter. EMG section.

Decision rationale: Electromyography is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this instance, the injured worker has had previous lumbar surgery and continues to complain of low back pain with lower extremity radiculopathy symptoms. The treating physician would like an EMG of the lower extremities because the injured worker feels she has arachnoiditis. Utilization review previously denied an EMG of the lower extremities because arachnoiditis is a clinical diagnosis. However, it appears the treating physician is looking for another explanation of the neuropathic symptoms, such as radiculopathy, to help exclude the possibility of arachnoiditis. Therefore an EMG of the lower extremities is medically necessary.

Toradol injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic) chapter. NSAIDs, specific drug list & adverse effects.

Decision rationale: 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) The FDA has approved a nasal formulation of ketorolac (Sprix) for short-term pain management. In this instance, it appears the injured worker utilizes a topical anti-inflammatory compound and medical marijuana for pain management. She does not take opioids and does not want cortisone injections. Her pain level can be as low as 8/10 and at worst 10/10. She received intramuscular Toradol injections on 3-27-2015, 12-17-2014, and 10-14-2014. In this period of time, she had described a worsening of her symptoms above baseline to include migraine headaches. Toradol can be used for exacerbations of chronic pain. Therefore, Toradol 60 mg IM on 3-27-2015 was medically necessary.