

<b>Case Number:</b>	CM15-0073242		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	05/17/1989
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 67 year old male, who sustained an industrial injury on 05/17/1989. According to a progress report dated 03/26/2015, the injured worker complained of left shoulder pain, lower backache, left anterior and posterior leg pain, right thigh pain and right hamstring pain. He also complained of joint pain and stiffness. Pain was rated 4-5 on a scale of 1-10. Pain level was unchanged since the last visit. He reported an increase in activities of daily living. He was not working. Pain score without medications was noted as 5 and with medications was 2-3. Medications included Amlodipine Besylate, Norco and Oxycontin. Diagnoses included post lumbar laminectomy syndrome, chronic pain syndrome, disc disorder lumbar and low back pain. Treatment plan included Amlodipine Besylate, Norco, and Oxycontin, injection of Ketorolac 30mg intramuscularly and a home exercise program. Urine toxicology screens were noted to be within normal limits. Currently under review is the request for 1 prescription of Oxycontin 30mg #90 and 1 injection of Ketorolac (Toradol) 30mg intramuscular.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Oxycontin 30mg #90: Upheld**

**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): 74-96.

**Decision rationale:** Guidelines support continuation of opiates if there is documented functional improvement, the medication is effective and not limited by side effects, and if there is no documentation of aberrant drug use. In this case, documentation provided do not include evidence of functional improvement. The request for oxycontin 30 mg #90 is not medically appropriate and necessary.

**1 Injection of Ketorolac (Toradol) 30mg IM:** Upheld

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

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

**Decision rationale:** Guidelines state that this medication is not recommended for chronic painful conditions. In this case, the patient suffers from chronic pain complaints. Although pain was increased, there was no documentation of an acute exacerbation. The request for Ketorolac 30 mg IM is not medically appropriate and necessary.