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| <b>Case Number:</b>   | CM15-0090849 |                              |            |
| <b>Date Assigned:</b> | 05/15/2015   | <b>Date of Injury:</b>       | 04/20/2007 |
| <b>Decision Date:</b> | 06/23/2015   | <b>UR Denial Date:</b>       | 04/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/11/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 39 year old male injured worker suffered an industrial injury on 04/20/2007. The diagnoses included mechanical back pain. The injured worker had been treated with medications. On 3/26/2015 the treating provider reported an acute exacerbation of the back pain. On exam there was tenderness of the lumbar muscles with restricted range of motion. Due to the pain the injured worker received a Toradol injection in the office. The treatment plan included Toradol injection and Urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects - Ketorolac (Toradol) Page(s): 70-73.

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

**Decision rationale:** The ODG state that toradol IM may be used as an alternative to opioid therapy. It should not be used for minor pain or for chronic painful conditions. According to the documents available for review, the IW suffers from a severe acute exacerbation of lumbar back pain with associated decreased range of motion. Therefore I find the requested treatment reasonable and therefore is medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-91, 124.

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

**Decision rationale:** Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new injured worker who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the injured worker asks for a specific drug. This is particularly the case if this drug has high abuse potential, the injured worker refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the injured worker has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a injured worker has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. According to the documents available for review, the injured worker meets none of the aforementioned MTUS criteria for the use of urine drug testing. Therefore at this time the requirements for treatment have not been met, and is not medically necessary.