MAXIMUS Federal Services

Case Number:	CM14-0154657		
Date Assigned:	09/24/2014	Date of Injury:	03/18/1999
Decision Date:	11/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 18, 1999.Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; a cane; transfer of care to and from various providers in various specialties; and topical compounds. In an August 20, 2014 progress note, the claims administrator denied a request for Toradol on the grounds that it was an Official Disability Guidelines (ODG) 'N' drug, partially approved a request for Norco, approved a request for Celebrex, denied a topical compounded drug, and denied home health assistance. Despite the fact that the California Medical Treatment Utilization Schedule (MTUS) did address the topic of oral Toradol, the claims administrator invoked the Official Disability Guidelines (ODG) formulary in its denial. The applicant's attorney subsequently appealed. In a progress note dated April 10, 2014, the applicant reported persistent complaints of low back pain radiating into left leg, reportedly severe. The applicant reported difficulty performing activities of daily living as basic as bathing, dressing, toileting, and housekeeping. The applicant stated that she needed a housekeeper to help her perform these activities of daily living. The applicant stated that she had been bedridden for the past several days secondary to pain. Toradol injection was given. Multiple medications, including Norco and Ultram, were refilled.In a later note dated June 12, 2014, the applicant again reported persistent complaints of low back pain. The attending provider administered an injection of intramuscular Toradol in the clinic. Tramadol, Norco, and Celebrex were refilled, along with a topical compounded cream. The attending provider seemingly suggested that the applicant employ the topical compounded cream for acute flares of pain. Home health care assistant was endorsed to assist the applicant perform housekeeping duties. The applicant's work status was not stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg BID PRN #45 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: As noted on page 80 of the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant is having difficulty performing activities of daily living as basic as bathing, cooking, cleaning, housekeeping, walking, etc., it was suggested on several progress notes, referenced above. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Toradol 50mg BID #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol Page(s): 72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, oral ketorolac or Toradol is not recommended for minor or chronic painful conditions. The request for Toradol with two refills, however, does imply chronic, long-term, and/or scheduled usage of the same. This is not an MTUS-endorsed role for oral Toradol. Therefore, the request is not medically necessary.

Topical compound cream baclofen 2%, cyclobenzaprine, flurbiprofen 15%, lidocaine 5% apply BID #120gm with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The attending provider indicated that he was seeking assistance for the applicant in terms of housekeeping duties. However, page 51 of the Chronic Pain Medical

Treatment Guidelines notes that home health services should be reserved to deliver medical treatment in applicants who are homebound. Housekeeper services are not considered medical treatment when sought as stand-alone services, page 51 of the Chronic Pain Medical Treatment Guidelines notes. Therefore, the request is not medically necessary.

Home health assistance eight (8) hours per week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The attending provider indicated that he was seeking assistance for the applicant in terms of housekeeping duties. However, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes that home health services should be reserved to deliver medical treatment in applicants who are homebound. Housekeeper services are not considered medical treatment when sought as stand-alone services, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Therefore, the request is not medically necessary.