

<b>Case Number:</b>	CM15-0019560		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: North Carolina

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:

This injured worker is a 51 year old female who reported an industrial injury on 11-9-2012. Her diagnoses, and or impression, were noted to include: cervical and thoracic strain; lumbar stenosis with possible spondylolisthesis; multi-level lumbar annular tear with disc desiccation; right shoulder partial thickness rotator cuff tearing with bursitis, joint symptoms and "SLAP" tearing; left shoulder impingement syndrome with joint pain; bilateral tennis elbow; left carpal tunnel syndrome; right scapholunate ligament injury with carpal bone contusion; right wrist sprain; left wrist radial ganglion cyst; and bilateral knee contusion. No current imaging studies were noted. Her treatments were noted to include medication management, and modified work duties. The orthopedic progress notes of 12-19-2015 reported a return visit for her right shoulder injury, with complaints of severe back pain, 8 out of 10; bilateral leg pain, 6 out of 10; persistent bilateral shoulder pain, 6 out of 10; bilateral hand pain, 8 out of 10; and bilateral hip pain, 7 out of 10; that she was awaiting right shoulder surgery; that she was not working or attending therapy; and that she received temporary relief from taking Norco and Ativan. The objective findings were noted to include: no changed in the review of systems or past history; no acute distress; tenderness and spasms over the bilateral cervical and lumbar para-spinous musculature; specific degrees of range-of-motion of both the cervical and lumbar spine; decreased sensation about the bilateral cervical-5 dermatome; tenderness in the right anterior capsule and right acromioclavicular joint, with positive Neer's, Hawkins, impingement, and O'Brien's tests; decreased shoulder range-of-motion; and decreased strength in the in the anterior and lateral deltoids and biceps and triceps. The physician's requests for treatments were noted to include: 4

Toradol injections a year for acute exacerbations of her pain; and Tramadol Extended Release 150 mg, 1 or 2 per day, #60 with 1 refill to be utilized for pain. The Request for Authorization, dated 12-19-2014, included 4 Toradol injections a year, and Tramadol Extended Release 150 mg, 1 or 2 per day, #30 with 1 refill. The Utilization Review of 1-9-20154 non-certified the request for 4 Toradol injections a year; and modified the request for Tramadol Extended Release to 150 mg, 1 or 2 per day, #60 with no refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol ER 150mg, one to two q.d. #60 with one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor- shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003)

(Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

**Four Toradol injections a year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines; pain chapter; "Ketorolac (Toradol)".

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The California chronic pain medical treatment guidelines section on Ketorolac states: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Per the ODG: Only recommended for short-term in management of moderately severe acute pain that requires analgesia at the opioid level. In this case, the documentation does not indicate acute pain treatment but rather than the treatment of a chronic pain condition. In the absence of acute pain treatment, the medication is not indicated per the California MTUS and the ODG. Therefore, the request is not medically necessary.