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| <b>Case Number:</b>   | CM13-0008099 |                              |            |
| <b>Date Assigned:</b> | 01/10/2014   | <b>Date of Injury:</b>       | 07/06/1994 |
| <b>Decision Date:</b> | 03/11/2014   | <b>UR Denial Date:</b>       | 07/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

This 65 year-old female sustained an injury on 7/6/1994. Requests under consideration include Skelaxin 800mg #60 with 3 refills and Elavil 25mg #60 with 3 refills. Report of 7/5/13 noted patient with flare-up of low back pain 1-2 weeks prior to visit; Pain is the same as in the past with neck and low back pain radiating into legs bilaterally at 9/10 without medications and 4/10 with. The patient denied any new symptoms or neurological changes but has complaints of stomach upset and sleepiness. She takes 6 Norco per day as well as Naproxen, Skelaxin, amitriptyline and omeprazole. Epidural injection performed on 1/8/13 gave 50% relief for 6 months and she would like a repeat injection. Exam showed mild decreases in strength along left lower extremity (no specifics) and decreased sensation along L5 dermatome; tenderness over paraspinal musculature with positive SLR (no degree mentioned). Requests were non-certified on 7/19/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** The Physician Reviewer's decision rationale: This 65 year-old female sustained an injury on 7/6/1994. Requests under consideration include Skelaxin 800mg #60 with 3 refills and Elavil 25mg #60 with 3 refills. Report of 7/5/13 noted patient with low back pain 1-2 weeks prior to visit; Pain is the same as in the past with neck and low back pain radiating into legs bilaterally at 9/10 without medications and 4/10 with. The patient denied any new symptoms or neurological changes but has complaints of stomach upset and sleepiness. She takes 6 Norco per day as well as Naproxen, Skelaxin, amitriptyline and omeprazole. Epidural injection performed on 1/8/13 gave 50% relief for 6 months and she would like a repeat injection. Exam showed mild decreases in strength along left lower extremity (no specifics) and decreased sensation along L5 dermatome; tenderness over paraspinal musculature with positive SLR (no degree mentioned). Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1994. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The Prospective Request for Skelaxin 800mg #60 with 3 refills is not medically necessary and appropriate

**Elavil 25mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-16.

**Decision rationale:** The Physician Reviewer's decision rationale: This 65 year-old female sustained an injury on 7/6/1994. Requests under consideration include Skelaxin 800mg #60 with 3 refills and Elavil 25mg #60 with 3 refills. Report of 7/5/13 noted patient with low back pain 1-2 weeks prior to visit; Pain is the same as in the past with neck and low back pain radiating into legs bilaterally at 9/10 without medications and 4/10 with. The patient denied any new symptoms or neurological changes but has complaints of stomach upset and sleepiness. She takes 6 Norco per day as well as Naproxen, Skelaxin, amitriptyline and omeprazole. Epidural injection performed on 1/8/13 gave 50% relief for 6 months and she would like a repeat injection. Exam showed mild decreases in strength along left lower extremity (no specifics) and decreased sensation along L5 dermatome; tenderness over paraspinal musculature with positive SLR (no degree mentioned). Per Guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment; however, submitted reports have not demonstrated the medical indication or functional improvement from treatment already rendered for this 1994 injury with chronic pain

complaints. Report has noted the patient with complaints of sleepiness and persistent pain taking chronic opiates and muscle relaxant without improvement. The Prospective Request for Elavil 25mg #60 with 3 refills is not medically necessary and appropriate.

**1 Toradol 60 mg injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Toradol

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 22.

**Decision rationale:** Ketorolac tromethamine (Toradol), a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a "Boxed Warning" as this medication is not indicated for minor or chronic painful conditions. Submitted reports also list medications to include Naproxen, another NSAID. Without documented medical indication as to concurrent use for this injection along with oral NSAID Naproxen which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication for the Toradol injection for chronic pain without demonstrated functional benefit. The 1 Toradol 60 mg injection is not medically necessary and appropriate.