MAXIMUS Federal Services

Case Number:	CM13-0026507		
Date Assigned:	11/22/2013	Date of Injury:	10/15/2004
Decision Date:	02/11/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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

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 patient is a 45-year-old female who sustained a work-related injury on 10/15/2004. Subjectively, the patient reported complaints of back pain with radiation down the left leg. Objectively, the patient had tenderness to palpation, increased pain with internal and external rotation of the left hip, positive straight leg raise, decreased quadriceps strength on the left, and difficulty arising from a chair. The patient's diagnosis was documented as 2-level lumbar disc herniation with instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) IM injection of 2cc of 60mg of Toradol and 1cc of 1% Xylocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: California MTUS Guidelines state that the requested medication is not indicated for minor or chronic painful conditions. The clinical information provided indicates that the patient has had ongoing back pain since the date of injury, which would make it a chronic condition. The clinical documentation provided lacks documentation that the patient had flare-up of symptoms to warrant the use of the requested medication. Therefore, given guideline recommendations and the documentation submitted for review, the request for 1 IM injection of

2 conservative care of 60 mg of Toradol and 1 conservative care of 1% Xylocaine is non-certified

One (1) injection of Depo-Medrol with 2cc of 1% Xylocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids.

Decision rationale: Official Disability Guidelines do not recommend the use of corticosteroids for acute non-radicular pain or chronic pain. The clinical information submitted for review documented objective findings of radicular symptoms on physical examination. As such, the request is not supported. Therefore, the request for 1 injection of Depo-Medrol with 2 conservative care of 1% Xylocaine is non-certified.

One (1) prescription of Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: California MTSU Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain; however, they show no benefit beyond NSAIDs in pain and overall improvement, nor are there additional benefit shown in combination with NSAIDs. As such, treatment should be brief, and additional of other agents is not recommended. The clinical information submitted for review indicates that the patient has been on the requested medication since at least 07/2013, but there is lack of documentation of medication efficacy being obtained through the continued use of the requested medication. As such, the request for 1 prescription of Flexeril 7.5 mg is non-certified