

<b>Case Number:</b>	CM13-0031506		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/11/2004
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury that took place on May 11, 2004. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and extensive periods of time off of work. In a letter dated September 27, 2013, the attending provider states that the applicant returned with a flare-up of pain on September 9, 2013. For that reason, injectable Decadron and Toradol were provided. Indocin was introduced to help decrease the applicant's inflammation, which is generating more pain. The applicant is not using Indocin chronically, but acutely for this recent flare-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**injectable dexamethasone and injectable Toradol:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS does not address the topic of injectable corticosteroids, or the topic of injectable Toradol. As noted in the third edition ACOEM Guidelines, glucocorticoids such as dexamethasone are recommended for the treatment of acute, severe radicular pain

syndromes for the purpose of achieving a short-term reduction in pain. In this case, the applicant presented to the attending provider on September 9, 2013 with an acute flare of radicular pain. Injectable dexamethasone or Decadron was indicated for the treatment of the same. Similarly, the third edition of the ACOEM Guidelines also endorses the use of injectable ketorolac or Toradol to combat acute flares of pain, deeming injectable Toradol to be equally as efficacious as opioids. Therefore, the request is certified.

**40 Indocin 50mg: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Indocin or indomethacin is indicated in the treatment of moderate to severe pain. The usual length of therapy is 7-14 days. In this case, the attending provider has indicated that Indocin is only being used on a short-term basis, to combat an acute flare of radicular pain. This is an approved indication for Indocin. Therefore, the request is certified