

Case Number:	CM14-0157574		
Date Assigned:	09/30/2014	Date of Injury:	08/24/2007
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

Per progress report dated 9/10/14, the injured worker presented for flare-up of symptoms. He reported sharp, severe, constant pain that radiated to both lower extremities with numbness and weakness. It was noted that the injured worker fell six days prior due to his lower extremity giving out. MRI of the lumbar spine dated 3/11/08 revealed mild L5-S1 disc degeneration with posterior annular fissure and tiny central disc protrusion; mild L4-L5 disc dehydration with apparent disc herniation into the posterior and inferior vertebral endplate; there was no spinal stenosis or neural compression. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 9/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Ketorolac Tromethamine 15mg injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

Decision rationale: With regard to Ketorolac (Toradol), the MTUS states: This medication is not indicated for minor or chronic painful conditions. As the requested medication is not recommended by the MTUS, 4 Ketorolac Tromethamine 15mg injections are not medically necessary.

Flexeril #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Regarding Cyclobenzaprine, it is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The documentation submitted for review indicates that the injured worker was using this medication per progress reports dated 3/2014, 4/2014, and 6/2014. While Flexeril is indicated for the injured worker's current flare up, the request as written represents treatment duration of approximately 8 weeks. As Flexeril is only recommended for short-term use, Flexeril #60 is not medically necessary.