

<b>Case Number:</b>	CM14-0037093		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 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:

The patient is a 58-year-old female who has a 5/14/2007 date of injury. She has history of chronic low back pain. Diagnoses are 1. L4-L5, and L5-S1 stenosis; 2. Depressive disorder; 3. Gastrointestinal complaints. She is permanent and stationary and treating under future medical care. The patient was seen for follow-up examination on 10/8/2013 with report of increased back and leg pain. She requested refill of medications. Physical examination documented tenderness of the lumbar paraspinal muscle, muscle spasm of the paraspinals, restricted flexion and extension, tight hamstrings, and decreased sensation of the L5 dermatome on the right. The patient was given an intramuscular injection of Toradol. The physician states the patient was given the Toradol injection to treat the acute exacerbation of her pain, and was not used to treat the chronic pain. She was prescribed tizanidine, hydrocodone, diclofenac XR and gabapentin. The patient presented for a follow-up evaluation on 2/11/2014 for her low back. She requires refill of medications. She complains of persistent back and leg pain she rates 8/10, she also complains of neck and knee pain, rated 5/10. She is currently taking hydrocodone, Ambien and tramadol. She states hydrocodone is helping. She is not attending physical therapy and she is not working. Physical examination is antalgic on the left, there is tenderness in the paraspinals musculature of the thoracic and lumbar spine, positive muscle spasm on the left, and restricted range of motion. Sensation is decreased in the left L5 dermatome, motor strength is normal, and reflexes are 2/2 bilaterally. She was given an intramuscular Toradol injection, which the physician states was given to treat the acute exacerbation of her pain. The patient was also prescribed cyclobenzaprine and hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, #60: Upheld**

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

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

**Decision rationale:** The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. This is a request for Cyclobenzaprine for a 58-year-old female with chronic low back pain. However, the patient appears to be prescribed muscle relaxants on a chronic basis. Documentation does not establish an acute exacerbation at the time of request. Functional improvement from prior use is not evident. Medical necessity is not established.

**Hydrocodone APAP 10/325mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The guidelines state short-acting opioids, such as hydrocodone, are an effective treatment for controlling moderate to severe pain. However, opioid medications, such as hydrocodone may not be beneficial in long-term use. Continued opioid treatment requires documented pain and functional improvement. This is a request for Hydrocodone for a 58-year-old female with chronic low back pain. However, there is no documentation of clinically significant functional improvement, objective pain reduction, or reduction in dependence on medical care. The patient is not working. Medical necessity is not established.

**Retro: Intramuscular injection of toradol 2cc; Date of Service: 2/11/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG) Pain, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** According to the guidelines, this medication is not indicated for minor or chronic painful conditions. This is a request for Toradol injection for a 58-year-old female with low back pain. However, the condition is chronic. There is no documentation of an acute exacerbation. The patient appears to have received a Toradol injection on each of 3 clinic visits

over a 4-month period for which notes are provided. This is inconsistent with use for acute, moderate to severe pain. Medical necessity is not established.