

Case Number:	CM14-0194945		
Date Assigned:	12/02/2014	Date of Injury:	11/06/2004
Decision Date:	01/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/20/2014

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 Preventive 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:

According to the records made available for review, this is a 53-year-old female with an 11/6/04 date of injury. At the time (9/25/14) of request for authorization for 1 prescription of Flexeril 7.5mg #30 and 1 injection to lumbar using 60mg Toradol and 3cc Marcaine 0.5% split x 2, there is documentation of subjective (neck and low back pain) and objective (cervical as well as lumbar spine spasm with decreased range of motion, tenderness over lumbar facet joints, and pain with axial loading of lumbar spine) findings, current diagnoses (chronic low back pain, anterolisthesis of L4-5, and bilateral ulnar neuritis), and treatment to date (medications (including ongoing treatment with Flexeril since at least 6/12/14 and Gabapentin)). Medical report identifies that patient is able to live a more functional and active daily lifestyle with medications. Regarding 1 prescription of Flexeril 7.5mg #30, there is no documentation of acute exacerbation of chronic low back pain; short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Flexeril use to date. Regarding 1 injection to lumbar using 60mg Toradol and 3cc Marcaine 0.5% split x 2, there is no documentation of moderately severe acute pain that requires analgesia at the opioid level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 and 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, anterolisthesis of L4-5, and bilateral ulnar neuritis. However, despite documentation of spasm and given documentation of an 11/6/04 date of injury, there is no (clear) documentation of acute muscle spasm, or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 6/12/14, there is no (clear) documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation that patient is able to live a more functional and active daily lifestyle with medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Flexeril 7.5mg #30 is not medically necessary.

1 injection to lumbar using 60mg Toradol and 3cc Marcaine 0.5% split x 2: Upheld

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

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 Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol), NSAIDs, specific drug list & adverse effects

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG support the oral form for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, anterolisthesis of L4-5, and bilateral ulnar neuritis. However, despite documentation of pain, there is no (clear) documentation of moderately severe acute pain that requires analgesia at the opioid level. Therefore, based on guidelines and a review of the evidence, the request for 1

injection to lumbar using 60mg Toradol and 3cc Marcaine 0.5% split x 2 is not medically necessary.