

Case Number:	CM14-0022252		
Date Assigned:	05/09/2014	Date of Injury:	10/12/2005
Decision Date:	04/15/2015	UR Denial Date:	01/26/2014
Priority:	Standard	Application Received:	02/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 pain syndrome reportedly associated with an industrial injury of October 12, 2005. In a Utilization Review Report dated January 26, 2014, the claims administrator failed to approve requests for topical compounded agents, Skelaxin, and a Toradol injection apparently administered on January 14, 2014. The applicant's attorney subsequently appealed. On July 30, 2013, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy. The applicant had also undergone failed lumbar spine surgery. The applicant's comorbidities included diabetes and hypertension. The applicant's medication list included Norco, Januvia, Neurontin, Ativan, Norco, and Accupril. A total knee arthroplasty was proposed. On January 14, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of low back, knee, and myofascial pain syndrome. The applicant had undergone both knee and lumbar spine surgeries. 7-8/10 pain complaints were reported. The applicant reported heightened pain complaints. The applicant was apparently given an injection of Toradol for the same. BuTrans, Norco, Motrin, Ativan, Colace, Ketoflex, and Skelaxin were endorsed while the applicant was kept off of work, on total temporary disability. It was acknowledged that the request for Skelaxin represented a renewal or refill request.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOFLEX 15%/10% 240G: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the Ketoflex topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

METAXALONE 800MG: Upheld

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

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

Decision rationale: Similarly, the request for metaxalone (Skelaxin), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Skelaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the request in question was framed as a renewal request for metaxalone (Skelaxin). The request to continue Skelaxin, thus, represents chronic, long-term, and/or daily usage of metaxalone, usage of which is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

TORADOL 602MG IM: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3

Decision rationale: Finally, the request for injectable ketorolac/injectable Toradol was medically necessary, medically appropriate, and indicated here. The request in question represents a request for an injection of Toradol administered on January 14, 2014. The MTUS does not address the topic of injectable Toradol. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that a single dose of injectable ketorolac or Toradol appears to be a useful alternative to a single moderate dose of opioids for the management of applicants who present to the Emergency Department with severe musculoskeletal low back pain. Here, the applicant presented to the clinic setting on January 14, 2014 reporting a flare of severe knee and low back pain. By analogy, an injection of ketorolac (Toradol) was indicated to combat the same. Therefore, the request was medically necessary.