

Case Number:	CM14-0071528		
Date Assigned:	07/16/2014	Date of Injury:	11/08/2013
Decision Date:	02/25/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/16/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female who suffered a work related injury on 11/08/2013 from a fall. Diagnoses include thoracic sprain, strain, lumbar sprain, strain, lumbar degenerative joint disease, foraminal narrowing with compression of nerve roots L5-S1, and myofascial pain right greater than left. Treatment has included chiropractic sessions and medications. In a physician progress note dated 02/24/2014 it is documented the injured worker continues to complain of low back pain which has not gotten better. Pain level is 8/10 on a pain scale of 0-10. At times the pain radiated in her right leg. She is having difficulty sleeping. On physical examination truncal range of motion flexion is about 40, extension is about 5-7, lateral flexion about 10 on the right and left. She also has rotation of about maybe total of 55 degrees. Her straight leg raising on the left was at 40 degrees, and 30 degrees on the right was positive. She cannot do heel-toe-walking or squatting. She cannot do most of the range of motion; however the patient is able to do heel and toe walk. She stands on one foot. The injured worker is temporarily totally disabled. The Magnetic Resonance Imaging done on 12/05/2013 of the lumbar spine revealed degenerative changes in the lumbar spine, moderate spinal canal stenosis, moderate narrowing of both lateral recesses, moderate right neural foramina narrowing and mild left neural foraminal narrowing at the L5-S1 level, with compression of both central S1 nerve roots in the lateral recesses and contact of the exiting right L5 nerve root in the right neural foramen by a 3mm concentric bulge with associate annular fissuring. There is mild spinal canal stenosis and mild narrowing of both lateral recesses at the L4-L5 level, with contact of both central L5 nerve roots in the lateral recesses by a 2mm concentric bulge with associated annular fissuring. There is

mild osteoarthritis of the right L4-L5 facet joint and mild osteoarthritis of the left L5-S1 facet joint. The request is for Norco 10/325mg, 1 four times a day, #120, Flexeril 10mg, by mouth, # 90, and Toradol Injection 60mg, IM. The Utilization Review done on 4/25/2014 non-certified the request for Toradol 60 mg, IM citing California Medical Treatment Utilization Schedule (MTUS). This medication is not indicated for minor or chronic painful conditions. The injured worker has chronic pain syndrome and although her pain is moderate to severe, there is no indication that she was having an acute flare that would justify the use of this one time therapy. The requested Norco 10/325mg, 4 times a day, # 120 is not certified, citing California Medical Treatment Utilization Schedule (MTUS). This medication is indicated for moderate to severe pain but there is insufficient information that this medication has been beneficial in this patient and some information presented that it has not been effective. Flexeril 10mg, # 90 is not certified. As per California Medical Treatment Utilization Schedule recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation's in patients with chronic lumbar back pain, but there is insufficient information that this medication has been beneficial in this patient, and some information presented that it has not been effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60 mg IM (intramuscular) injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), Specific Drug List. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 04/10/14)

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 Other Medical Treatment Guideline or Medical Evidence: Toradol Official FDA Information (<http://www.drugs.com/mtm/toradol-im.html>)

Decision rationale: Regarding the request for Ketorolac (Toradol), MTUS Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of severe pain. However, guidelines note it is not indicated for chronic painful conditions, and there is no documentation of a recent flare up with new or worsened objective findings. As such, the currently requested Ketorolac injection is not medically necessary.

Norco 10/325 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List and Opioids, Criteria for Use Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen), MTUS California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.

Flexeril 10 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.