

<b>Case Number:</b>	CM15-0009145		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a male patient, who sustained an industrial injury on 08/16/2001. An orthopedic follow up visit dated 11/06/2014 reported subjective complaints of neck pain getting worse and now with numbness and tingling bilateral arms. Physical examination found lumbar spine restricted and painful range of motion. There is a positive straight leg raise test, and hypoesthesia at the anterolateral aspect of foot/ankle. also noted with healed surgical incision anteriorly and posteriorly. he is diagnosed with status post 360 degree arthrodesis instrumentation, lumbar spine iwth statuspost hardware removal; cervical spine strain/sprain; right shoulder strain/sprain; right groin sprain/strain; bilateral knees strain/sprain rule out internal derangement and failed back surgery. the plan of care noted to involve continuing to request authorization for intrathecal test for Morphine pump placement. The claimant had been on Tramadol for several months for pain. IN addition , a progress note on 12/11/14 indicatedd the claimant had been on Xanax for several months for anxiety. On 01/12/2015 Utilization Review non-certified a request for a Toradol intramuscular injection, Xanax and an electrocardiogram, noting the CA MTUS Guidelines, Benzodiazepines and the Michigan Quality Improvement Consortium medical Management of Adults with Hypertension 2011 August 01 were cited. The injured worker submitted an application for independent medical reievew of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Toradol 60 mg IM injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** According to the guidelines, Toradol is not indicated for chronic painful conditions. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs received an intrathecal Morphine block for chronic pain. There was no indication for intermittent Toradol injections in chronic painful conditions. Individual pain score response to Tramadol was not noted. The Tramadol is not medically necessary.

**Xanax (unknown prescription):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine-Xanax.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because their efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Xanax for several months. Long-term use is not recommended and is not medically necessary.

**One EKG and interpretation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium. Medical management of adults with hypertension. Southfield (MI): Michigan Quality Improvement Consortium; 2011 Aug. 1

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physicians, " Preoperative testing before Non-cardiac surgery.

**Decision rationale:** According to the cited reference, an EKG is not needed for low-risk non-cardiac patients with no cardiac history. In this case, the EKG was requested for clearance for a morphine pump insertion. The morphine pump use authorization is unknown. Due to the nature

of a low risk procedure and unknown status of preeceding with the procedure, the EKG is not medically necessary.