

<b>Case Number:</b>	CM15-0102779		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, Illinois

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 injured worker is a 60 year old male who sustained an industrial injury on 10/07/2013. Mechanism of injury was not documented but he injured his low back. Diagnoses include musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, quadratus lumborum strain, herniated lumbar disc at L1-2 (2mm), Lumbar 2-3 (3mm), L4-5 (4mm), L5-S1 (3- 4mm), and L3-4 (5mm), and disc bulges at T11-12 (2mm), T12-L1 (<2mm), L1-2 (<2mm), L2-3- 3 (4mm), L3-4 (4-5mm), L4-5 (4mm), and L5-S1 (3-4mm). Treatment to date has included diagnostic studies, medications, physical therapy, and injections. A Magnetic Resonance Imaging of the lumbar spine done on 10/29/2014 revealed disc desiccation at all levels and particularly noted loss of disc height at L5-S1, large anterior bridging osteophytes to the left of midline at L5-S1 and there are congenitally short pedicles from L2 inferiorly contributing to the central stenosis. There are multiple areas of disc bulging with foraminal narrowing and facet hypertrophy. Medications include Naproxen, Methocarbamol, Omeprazole, Hydrocodone, and Cyclobenzaprine as needed at bedtime. A physician progress note dated 05/05/2015 documents the injured worker complains of constant low back pain that has increased and has limited range of motion. There is tenderness over the posterior superior iliac spine bilaterally. The treatment plan was for continuation of medications, and the injured worker received an injection of Ketorolac 60mg and Lidocaine 1ml intra muscularly for the relief of the back symptoms, and she will follow up in 4-5 weeks. She is to remain off of work. Treatment requested is for Cyclo-benzaprine 10mg quantity 30 with five refills, and retrospective Ketorolac 80mg/Lidocaine 1 ml Intramuscular injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg quantity 30 with five refills:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 10/07/2013. The medical records provided indicate the diagnosis of musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, quadratus lumborum strain, herniated lumbar disc at L1-2 (2mm), Lumbar 2-3 (3mm), L4-5 (4mm), L5-S1 (3-4mm), and L3-4 (5mm), and disc bulges at T11-12 (2mm), T12-L1 (<2mm), L1-2 (<2mm), L2-3-3 (4mm), L3-4 (4-5mm), L4-5 (4mm), and L5-S1 (3-4mm). Treatment to date has included medications, physical therapy, and injections. The medical records provided for review do not indicate a medical necessity for Cyclo-benzaprine 10mg quantity 30 with five refills. Cyclobenzaprine is a muscle relaxant. The medical records indicate the injured worker was already taking this muscle relaxant and a different muscle relaxant. The recommended dosing of cyclobenzaprine is 5-10 mg three times a day for 2-3 weeks. Therefore, the request is not medically necessary.

**Retrospective Ketorolac 80mg/Lidocaine 1 ml Intramuscular injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72.

**Decision rationale:** The injured worker sustained a work related injury on 10/07/2013. The medical records provided indicate the diagnosis of musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, quadratus lumborum strain, herniated lumbar disc at L1-2 (2mm), Lumbar 2-3 (3mm), L4-5 (4mm), L5-S1 (3-4mm), and L3-4 (5mm), and disc bulges at T11-12 (2mm), T12-L1 (<2mm), L1-2 (<2mm), L2-3-3 (4mm), L3-4 (4-5mm), L4-5 (4mm), and L5-S1 (3-4mm). Treatment to date has included medications, physical therapy, and injections. The medical records provided for review do not indicate a medical necessity for Retrospective Ketorolac 80mg/Lidocaine 1 ml Intramuscular injection. Ketorolac is an NSAID known as Toradol. The MTUS does not recommend this medication for minor or chronic painful conditions, but for acute pain that requires treatment at the opioid level. The records indicate the injured worker was already taking NSAIDs, muscle relaxants and hydrocodone, and these were helping with the pain.

