

<b>Case Number:</b>	CM15-0016801		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 33 year old female, who sustained a work related injury on 10/31/11. The diagnoses have included right medial meniscus tear, reconstructed anterior cruciate ligament tear right knee, degenerative joint disease right knee and synovitis of right knee. Treatments to date have included x-rays of left and right knees, right knee arthroscopy 2012, left knee surgery 2004, oral medications, MRI right knee. In the PR-2 initial exam dated 1/19/15, the injured worker complains of medial, lateral, anterior right knee pain. She complains of activity related swelling and some locking of right knee. She complains of tenderness to palpation of right knee. On 1/22/15, Utilization Review non-certified a prescription request for Flexeril 7.5mg., #30 and retrospective request for Toradol 60mg. IM injection with date of service of 1/6/15. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66 of 127.

**Decision rationale:** Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated January 19, 2015, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. There is also no documentation of previous efficacy of the usage of this medication. For these reasons this request for Flexeril is not medically necessary.

**Retrospective request for Toradol 60 mg IM injection with a dos of 1/6/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Toradol.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorolac.

**Decision rationale:** Regarding a Toradol 60 mg injection, the usage of Toradol IM is indicated as an option to a corticosteroid injection the shoulder or as an alternative to opioid therapy. The most recent progress note indicates that the injured employees currently prescribed hydrocodone 10/325 milligrams. As such, this request for a Toradol 60 mg injection is not medically necessary.