

Case Number:	CM15-0131864		
Date Assigned:	07/20/2015	Date of Injury:	05/11/2009
Decision Date:	08/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 56 year old female who sustained an industrial injury on 05/11/09. Initial complaints and diagnoses are not available. Treatments to date include medications, Toradol injections, and spinal fusion. Diagnostic studies include multiple x-rays, MRIs, and a CT scan. Current complaints include severe pain and spasms, with low back pain. Current diagnoses include lumbar spondylolisthesis, degenerative disc disease with posterior lumbar fissure, and possible radiculopathy. In a progress note dated 05/04/15 the treating provider reports the plan of care as psychiatry evaluation for depression and anxiety, Toradol IM, and medications including tramadol and flexeril. The requested treatments include IM Toradol, flexeril, Lidoderm patches, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM Toradol injection (retrospective DOS 6/17/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID or indicate previous failure of trial of acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type when there is failure or contraindication to acetaminophen. As such the medical records provided for review do not support the use of naproxen for the insured as there is no indication of objective benefit in function or failure of acetaminophen. Therefore the request is not medically necessary.

Naproxen 550 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID or indicate previous failure of trial of acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type when there is failure or contraindication to acetaminophen. As such the medical records provided for review do not support the use of naproxen for the insured as there is no indication of objective benefit in function or failure of acetaminophen. Therefore the request 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); Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril Page(s): 41.

Decision rationale: MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril but does not document/indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines. Therefore the request is not medically necessary.

Lidoderm 5% patch, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Lidoderm patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent as primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.