

<b>Case Number:</b>	CM15-0134488		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old female who sustained an industrial injury on 01-17-2014. Current diagnoses include strain, lumbosacral spine, cervical strain, herniated nucleus pulposus, status post cervical fusion on 01-22-2015, sacral mass, status post lumbar fusion, and Swan neck deformity left 4th digit, probable tendon injury, status post surgery on 06-2014. Previous treatments included medications, surgical interventions, physical therapy, and home exercise program. Previous diagnostic studies included a urine drug screening, MRI's, CT scan of the lumbar spine, and x-rays. Initial injuries occurred when the worker became tangled in plastic wrap and fell twisting her back, left shoulder, left arm, left hand and fingers. Report dated 06-01-2015 noted that the injured worker presented for follow up. The injured worker stated that the neck pain continues to improve, but the low back pain has increased with radiation to the bilateral lower extremity. Other complaints included severe reflux from medications, and insomnia due to pain. Pain level was 7 (with medications) out of 10 on a visual analog scale (VAS). Physical examination was positive for minimal cervical and lumbar tenderness with palpable spasms, decreased lumbar spine range of motion, left 4th digit has decreased range of motion and is painful to palpation. The treatment plan included cervical spine x-rays, Toradol injection for pain flare up, not for chronic use, refilled Prilosec, Doral to use as needed for insomnia caused by pain, Naproxen, and cyclobenzaprine. The treating physician noted that the medications decrease the patient's pain by approximately 2-3 points, allow for improved activities of daily living including the ability to ambulate, use the bathroom, provide self care, cook, and clean. Currently the injured worker is temporarily totally disabled. Reports dated 03-

11-2015, 04-06-2015 supports that the injured worker received a Toradol injection for pain. Also noted is the injured worker was currently prescribed Lunesta for insomnia. Doral was first prescribed on 05-04-2015 for insomnia. Disputed treatments include retrospective request (DOS 6/1/2015) for intramuscular Toradol Injection, quantity 1 and retrospective request (DOS 6/1/2015) for Doral 15mg quantity 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request (DOS 6/1/2015) for IM Toradol Injection, QTY: 1.00: Upheld**

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

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

**Decision rationale:** The current request is for Retrospective request (DOS 6/1/2015) for IM Toradol Injection, QTY: 1.00. The RFA is dated 06/01/15. Previous treatments included medications, surgical interventions, physical therapy, and home exercise program. The patient is status post cervical fusion on 01-22-2015. The patient is not currently working. MTUS Chronic Pain Guidelines on page 72 states, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs. oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." Per report 06/01/15, the patient reports an increase in lower back pain. The patient radiates into the BLE. Physical examination was positive for minimal cervical and lumbar tenderness with palpable spasms, decreased lumbar spine range of motion, left 4th digit has decreased range of motion and is painful to palpation. The patient was given a Toradol injection for flare-up of pain. Review of the medical file indicates the patient was administered Toradol injections on 03/30/15, 04/06/15 and 06/10/15 for the patient chronic pain. The patient suffers from chronic back pain and the treater continues to administer Toradol injections. In the absence of evidence of true acute flare- up or injury, the requested injection is not supported by guidelines and cannot be substantiated. The request is not medically necessary.

#### **Retrospective request (DOS 6/1/2015) for Doral 15mg QTY: 30.00: Upheld**

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

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

**Decision rationale:** The current request is for Retrospective request (DOS 6/1/2015) for Doral 15mg QTY: 30.00. The RFA is dated 06/01/15. Previous treatments included medications, surgical interventions, physical therapy, and home exercise program. The patient

is status post cervical fusion on 01-22-2015. The patient is not currently working. ODG guidelines, under the Pain Chapter, regarding Benzodiazepine has the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." MTUS Guidelines under Benzodiazepines on page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per report 06/01/15, the patient reports an increase in lower back pain. The patient radiates into the BLE. Physical examination was positive for minimal cervical and lumbar tenderness with palpable spasms, decreased lumbar spine range of motion, left 4th digit has decreased range of motion and is painful to palpation. The patient was started on Doral on 05/05/15 and on 06/01/15 recommendation was made for a refill for the patient's continued insomnia. While it is evident that the patient suffers from some sleep issues, both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. Hence, this request is not medically necessary.