

<b>Case Number:</b>	CM15-0136616		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/06/1989
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Emergency 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 female, who sustained an industrial injury on November 06, 1989. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having grade II spondylosis at lumbar five to sacral one with severe stenosis at lumbar five to sacral one and mostly at lumbar four through sacral one, status post fusion at lumbar four to five and lumbar five to sacral one, lumbar discogenic disease, lumbar radiculopathy, chronic low back pain, multilevel lumbar spondylosis, and multilevel spinal stenosis secondary to multifactorial. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, lumbar x-rays, medication regimen, and above noted procedure. In a progress note dated June 11, 2015 the treating physician reports complaints of chronic low back pain. The progress note also indicated complaints of cramps to the legs and back along with muscle spasms. The treating physician requested an injection of Toradol at 60mg IM (intramuscular) with a quantity of 1 to be administered secondary to an exacerbation. The treating physician requested home health assistance five hours a day at five days a week for a quantity of 30 days noting that the injured worker requires assistance with activities of daily living and has no assistance at home. The treating physician also requested the medication Restoril 30mg tablets with a quantity of 30, but the documentation did not indicate the specific reason for the requested medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg tablets, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC): Insomnia treatment.

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

**Decision rationale:** The requested Restoril 30mg tablets, #30, are not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has complaints of chronic low back pain. The progress note also indicated complaints of cramps to the legs and back along with muscle spasms. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Restoril 30mg tablets, #30 is not medically necessary.

**Home health assistance 5 hours a day, 5 days a week, #30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 51, Home health services Page(s): 51.

**Decision rationale:** The requested Home health assistance 5 hours a day, 5 days a week, #30 days, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The injured worker has complaints of chronic low back pain. The progress note also indicated complaints of cramps to the legs and back along with muscle spasms. The treating physician has not documented what specific home health services are being requested or their medical necessity. The criteria noted above not having been met, Home health assistance 5 hours a day, 5 days a week, #30 days is not medically necessary.

**Toradol 60mg IM (intramuscular) injection, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects - Ketorolac (Toradol, generic available) Page(s): 72.

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

**Decision rationale:** The requested Toradol 60mg IM (intramuscular) injection, #1, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), PAIN (Chronic), Ketorolac (Toradol) note that it is only recommended for short-term use in the treatment of acute pain and is not indicated in the treatment of minor or chronic pain. The injured worker has complaints of chronic low back pain. The progress note also indicated complaints of cramps to the legs and back along with muscle spasms. The treating physician has not documented the presence of an acute pain condition. The criteria noted above not having been met, Toradol 60mg IM (intramuscular) injection, #1 is not medically necessary.