

<b>Case Number:</b>	CM15-0145289		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/30/2007
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46-year-old male, who sustained an industrial injury on 4-30-2007. He reported pain in his low back and cervical spine. Diagnoses have included failed back surgery syndrome and lumbar spinal stenosis. Treatment to date has included physical therapy, epidural steroid injection, spinal surgery and medication. According to the progress report dated 6-24-2015, the injured worker complained of low back pain radiating down the bilateral lower extremities, right greater than left. The pain was accompanied by frequent numbness and muscle weakness in the right lower extremity. He rated his average pain as four out of ten with medications and seven out of ten without medications. He reported ongoing limitations in activities of daily living due to pain. The injured worker was status post lumbar hardware block on 3-17-2015 with reported excellent (greater than 80 percent) overall improvement for one month. Exam of the lumbar spine revealed tenderness to palpation and spasm. Lumbar range of motion was limited due to pain. Authorization was requested for Hydrocodone, Cyclobenzaprine and a Toradol injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #75:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2007 and continues to be treated for radiating back pain. Diagnoses include failed back surgery syndrome. Medications are referenced as decreasing pain from 7/10 to 4/10. Toradol/B12 injections have been regularly administered, most recently in February 2015. Cyclobenzaprine has been prescribed since at least February 2015. When seen, he reported worsening pain. Physical examination findings included appearing in moderate distress. There was lumbar spine tenderness with trigger points. There was decreased and painful range of motion. There was decreased lower extremity strength and sensation and positive right straight leg raising. There was mild bilateral hand swelling. A Toradol injection was administered. Medications were refilled. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Cyclobenzaprine 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2007 and continues to be treated for radiating back pain. Diagnoses include failed back surgery syndrome. Medications are referenced as decreasing pain from 7/10 to 4/10. Toradol/B12 injections have been regularly administered, most recently in February 2015. Cyclobenzaprine has been prescribed since at least February 2015. When seen, he reported worsening pain. Physical examination findings included appearing in moderate distress. There was lumbar spine tenderness with trigger points. There was decreased and painful range of motion. There was decreased lower extremity strength and sensation and positive right straight leg raising. There was mild bilateral hand swelling. A Toradol injection was administered. Medications were refilled. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, starting or discontinuing opioid medication was not being considered and the claimant's condition is chronic. The injection was not medically necessary. Pain (Chronic), Ketorolac

(Toradol) Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.

**1 Toradol 60mg Injection for DOS 6/24/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ketorolac.

**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 claimant has a remote history of a work injury occurring in April 2007 and continues to be treated for radiating back pain. Diagnoses include failed back surgery syndrome. Medications are referenced as decreasing pain from 7/10 to 4/10. Toradol/B12 injections have been regularly administered, most recently in February 2015. Cyclobenzaprine has been prescribed since at least February 2015. When seen, he reported worsening pain. Physical examination findings included appearing in moderate distress. There was lumbar spine tenderness with trigger points. There was decreased and painful range of motion. There was decreased lower extremity strength and sensation and positive right straight leg raising. There was mild bilateral hand swelling. A Toradol injection was administered. Medications were refilled. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, starting or discontinuing opioid medication was not being considered and the claimant's condition is chronic. The injection was not medically necessary.