

<b>Case Number:</b>	CM15-0165127		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/02/1998
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 59 year old male, who sustained an industrial injury on 7-31-2007. The mechanism of injury is not described. The current diagnoses are lumbago, chronic back pain, and other chronic pain. According to the progress report dated 7-24-2015, the injured worker reports that he has been miserable over the past couple of weeks. He notes that his back is out for no apparent reason. He has not had this much pain in a year. The pain is rated 9 out of 10 on a subjective pain scale. The physical examination did not reveal any significant findings. The current medications are Norco, Skelaxin, and Cymbalta. There is documentation of ongoing treatment with Duloxetine and Metaxalone since at least 1-16-2015. Treatment to date has included medication management. Work status is not specified. A request for Duloxetine and Metaxalone has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Promethazine 25mg tablets (#30 with 5 refills), QTY: 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlinesplus/druginfo/meds>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

**Decision rationale:** The patient was injured on 12/02/98 and presents with pain in his shoulder, knee, cervical spine, lumbar spine, and foot. The request is for Duloxetine 50 mg Qty 30 with 1 refill. The RFA is dated 08/14/15 and his current work status is not provided. There is no indication of when the patient began taking this medication, as none of the reports mention it. MTUS Guidelines, Duloxetine (Cymbalta) Section, pages 16-17 state: "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks". MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has a guarded cervical spine range of motion, hypertonicity, tenderness of the cervical spine, and a limited range of motion of the shoulder. He is diagnosed with lumbago, chronic back pain, and other chronic pain. The treater does not specifically discuss efficacy of Duloxetine on the only report provided. In this case, the patient does not present with anxiety, depression, diabetic neuropathy, fibromyalgia, or any neuropathic pain/ radiculopathy. Therefore, the requested Duloxetine is not medically necessary.

**Ketorolac 10mg tablets, QTY: 20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ketorolac (Toradol, generic available).

**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) Chapter, under NSAIDs Specific Drug List & Adverse Effects Section.

**Decision rationale:** The patient was injured on 12/02/98 and presents with pain in his shoulder, knee, cervical spine, lumbar spine, and foot. The request is for Ketorolac 10 mg tablets, Qty: 20. The RFA is dated 08/14/15 and his current work status is not provided. The patient has been taking this medication as early as 01/15/15. ODG Guidelines, Pain (Chronic) Chapter, NSAIDs Specific Drug List & Adverse Effects Section states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain (transition from IV or IM) for adults < 65 years of age: 20mg PO followed by 10mg PO every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose. (Toradol Package Insert) The FDA has approved a nasal formulation of ketorolac (Sprix) for short-term pain management". The patient has a guarded cervical spine range of

motion, hypertonicity, tenderness of the cervical spine, and a limited range of motion of the shoulder. He is diagnosed with lumbago, chronic back pain, and other chronic pain. The treater does not specifically discuss efficacy of Ketorolac on the only report provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Ketorolac is not medically necessary.