

Case Number:	CM15-0196495		
Date Assigned:	10/12/2015	Date of Injury:	10/30/2012
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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: Preventive Medicine, Occupational 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 51 year old female with a date of injury on 10-30-2012. The injured worker is undergoing treatment for cervical sprain strain, thoracic sprain-strain, and bilateral shoulder strains. Physician progress notes dated 05-12-2015 to 09-15-2015 documents the injured worker complains of neck pain with intermittent tingling down her right arm. She has frequent headaches. There is low back pain with tingling in her right leg with sitting. On examination there is neck tenderness and spasm in the paracervical. Range of motion is limited. Motor and sensory are within normal limits. Spurling's is negative. An injection of Toradol was administered for pain on 05-12-2015, 06-16-2015, 08-04-2015 and on 09-15-2015. A Magnetic Resonance Imaging of the cervical spine done on 09-10-2015 revealed trace progression of changes at C4-5 through C6-7, however, no significant central canal stenosis. C4-5 now has mild left neural foraminal stenosis. C6-7 borderline left lateral recess stenosis, T4-5-central disc protrusion without mass effect on the cord or central canal stenosis. Treatment to date has included diagnostic studies, medications, cervical epidural injections, Toradol injections, and physical therapy. The Request for Authorization includes Flexeril 10mg #30 (since at least 03-03-2015); Lidoderm patches #30, a Toradol injection with visit on 09-15-2015 and a return visit in 6 weeks. On 09-23-2015 Utilization Review modified the request for Flexeril 10 MG Qty 30 to Flexeril 10mg QTY 15. Toradol 60 MG IM Injection done on 9/15/15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS Guidelines are not supportive of the use of Flexeril beyond a few weeks (3). The Guidelines do allow for limited use during acute flare-ups, but that does not appear to be how the Flexeril is utilized and there are no reported functional gains that might support an exception to the Guideline recommendations. Under these circumstances, the Flexeril 10 mg Qty 30 is not recommended by Guidelines and is not medically necessary.

Toradol 60 MG IM Injection done on 9/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ketoprofen and Other Medical Treatment Guidelines www.rxlist.com/toradol-drug.htm.

Decision rationale: Guideline and manufacturer's recommendations are consistent with the recommendation that Toradol should not be utilized for chronic pain. A reasonable exception might be rare use (2-3 times per year) for distinct flare-ups of pain. However, it appears to be utilized on a habitual basis during each of the past several office visits. Under these circumstances, the Toradol 60 mg IM Injection performed on 9/15/15 is not supported by Guidelines and is not medically necessary.