

<b>Case Number:</b>	CM15-0198043		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Anesthesiology, 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 22 year old female, who sustained an industrial injury on 8-10-2014. The injured worker is undergoing treatment for: lumbosacral intervertebral disc displacement and cauda equine syndrome. On 6-2-15, she reported low back pain rated 8.5 out of 10 with intermittent spasms which she indicated to be improved with Flexeril. On 10-6-15, she reported low back pain rated 6 out of 10 and described as aching. She also reported numbness in the perineum with no loss of bladder or bowel control and no lower extremity numbness or tingling. She indicated she was unable to tolerate going back to work full time and her workload was reduced to 4 hours per day which she reported as being unable to tolerate due to increase in pain. Physical examination revealed normal lumbar spine lordosis, symmetric iliac crest height, no splinting or status spasm and decreased range of motion with negative straight leg raise testing bilaterally. The records do not discuss aberrant behaviors or adverse side effects. There is no discussion of the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no discussion of continued muscle spasms or hypertonicity with the most recent physical examination. The treatment and diagnostic testing to date has included: lumbar corset, medications, stretching and kegel's exercises, TENS unit. Medications have included: Flexeril, Voltaren gel, pennsaid. The records indicate she has been utilizing Flexeril and Toradol since at least September 2015, possibly longer. Current work status: light duty. The request for authorization is for: Toradol 10mg quantity 60, Flexeril 5mg quantity 30. The UR dated 9-14-2015: modified certification of Flexeril 5mg quantity 15, and non-certified Toradol 10mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Toradol 10mg QTY: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The ODG state that Toradol may be used as an alternative to opioid therapy. It should not be used for minor pain or for chronic painful conditions. According to the documents available for review, the IW has been utilizing this medication for a chronic condition and there is no rationale provided as to why ongoing use of this agent is either beneficial or required. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established. Therefore, the requested treatment is medically necessary.

**Flexeril 5mg QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

**Decision rationale:** Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great in the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use may lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the requested treatment is not medically necessary.