

Case Number:	CM15-0200367		
Date Assigned:	10/15/2015	Date of Injury:	03/03/2014
Decision Date:	11/25/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/13/2015

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 47 year old male, who sustained an industrial injury on 3-3-14. He reported low back pain with radiation to the right hamstring and calf. The injured worker was diagnosed as having lumbosacral intervertebral disc displacement and lumbosacral intervertebral disc degeneration. Treatment to date has included 12 physical therapy sessions, epidural steroid injections, and medication including Flexeril, Ibuprofen, Toradol, and Norco. Physical examination findings on 10-5-15 included tenderness at L5-S1 and over the left paravertebral muscles. A straight leg raise test was negative bilaterally. On 10-5-15 pain was rated as 6 of 10. The injured worker had been taking Flexeril since at least September 2014 and Toradol since at least October 2015. On 10-5-15, the injured worker complained of low back pain. The treating physician requested authorization for Flexeril 10mg #30 and Toradol 10mg #20. On 10-12-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The current request is for Flexeril 10MG #30. The RFA is dated 10/06/15. Treatment to date has included 12 physical therapy sessions, epidural steroid injections, and medication including Flexeril, Ibuprofen, Toradol, and Norco. The patient has not returned to work. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." Per report 10/05/15, the patient reports having episodic flare-ups related to his back pain symptoms. He states that the pain level is 6/10. Physical examination findings included tenderness at L5-S1 and over the left paravertebral muscles. The treater recommended Flexeril daily when necessary for pain and spasms. The patient has been prescribed Flexeril since at least 04/22/14. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 30 tablets in addition to prior use does not imply short duration therapy. Therefore, the request is not medically necessary.

Toradol 10mg #20: Overturned

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).

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 Academic Emergency Medicine, Vol 5, pages 118-122.

Decision rationale: The current request is for Toradol 10MG #20. The RFA is dated 10/06/15. Treatment to date has included 12 physical therapy sessions, epidural steroid injections, and medication including Flexeril, Ibuprofen, Toradol, and Norco. The patient has not returned to work. MTUS Guidelines, NSAIDs, specific drug list & adverse effects Section, page 72, regarding Toradol states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, pages 118-122, "Intramuscular Ketorolac vs. oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. Per report 10/05/15, the patient reports having episodic flare-ups related to his back pain symptoms. He states that the pain level is 6/10. Physical examination findings included tenderness at L5-S1 and over the left paravertebral muscles. The treater recommended Toradol 10mg 4 times a day x5 days #20. There is no indication of prior use. The treater has not provided a rationale for this medication. It appears to be for the patient's recent flare-up. The treater has requested a short course of Toradol for this patient's acute episode of pain. The patient rated his pain as 6/10, and the use of Toradol to try and reduce the pain, appears reasonable. Therefore, the request is medically necessary.