

<b>Case Number:</b>	CM15-0209144		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 51 year old female, who sustained an industrial injury on 7-17-07. The injured worker has complaints of low back pain and neck pain. The documentation noted that he pain radiates to the left hip and left leg. There was positive lumbar spine tenderness to palpation and there was positive paraspinal muscle hypertrophy. The diagnoses have included lumbago. Treatment to date has included home exercise program; klonopin; omeprazole and tylenol. The original utilization review (10-15-15) non-certified the request for ketorolac (toradol) injection 60 mg (15 mg x 4 units) and injection supplies; paxil 30 mg quantity 90 with 3 refills and clonazepam quantity 30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketorolac (Toradol) injection 60 mg (15 mg x 4 units) and injection supplies: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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, Acute, Toradol.

**Decision rationale:** The ODG state that toradol IM 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 is currently being treated for chronic lumbar back pain. There is no rationale provided to support the use of Toradol. Therefore, the request is not medically necessary.

**Paxil 30 mg Qty 90 with 3 refills:** Overturned

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

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

**Decision rationale:** According to the ODG, Paxil is an SSRI that is approved to treat depression. According to the documents submitted for review, the IW carries a diagnosis of depression. Further, there is an assessment of functional improvement with this medication. Therefore, the request is medically necessary.

**Clonazepam Qty 30 with 2 refills:** Upheld

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

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

**Decision rationale:** According to the MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the request is not medically necessary.