

<b>Case Number:</b>	CM15-0036445		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/19/1988
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 19, 1998. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for Flexeril, Voltaren gel, and an intramuscular ketorolac (Toradol). The claims administrator referenced progress notes of January 9, 2015, November 7, 2014, and September 12, 2014 in its determination. The applicant's attorney subsequently appealed. On August 8, 2014, the applicant reported persistent complaints of low back pain with radiation of pain to the left leg. The applicant was described as having undergone earlier failed lumbar spine surgery. The applicant had received multiple interventional spine procedures. The applicant was given a refill of Topamax. The applicant's complete medication list was not detailed. Medication selection and medication efficacy were likewise not detailed. The applicant's work status was not furnished, although the applicant did not appear to be working. On September 2, 2014, the applicant reported 9/10 low back pain radiating to the left leg. The applicant was described as having acute flare of pain. The applicant was given a Toradol injection. On February 18, 2015, the applicant was using a cane to move about. Epidural steroid injection therapy was sought. The applicant was still using OxyContin for pain relief. Once again, the applicant's work status was not furnished on this occasion. On January 14, 2015, multilevel medial branch blocks were sought. On January 9, 2015, the applicant was apparently given a Toradol injection. OxyContin, Topamax, Flexeril, Colace, and Voltaren gel were endorsed. It was stated that the applicant was given Toradol for acute pain. The applicant did exhibit a guarded gait. The applicant's mood

was altered. The note was somewhat difficult to follow and mingled historical issues with current issues. It was stated that the applicant was considering further lumbar spine surgery. Once again, the applicant's work status was not detailed, although the applicant did not appear to be working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including OxyContin, diclofenac, Topamax, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Voltaren gel 1% transdermal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** Similarly, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator is, in fact, the spine, i.e., a widespread, large region which is not amenable to topical application. Therefore, the request was not medically necessary.

**Ketorolac 60mg (retro-authorization):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Table 11: Dosing for Opioids"[A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculoskeletal LBP".

**Decision rationale:** Finally, the request for injectable ketorolac was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of injectable ketorolac. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter does note that a single dose of injectable ketorolac has comparable efficacy to a single dose of intramuscular opioids in applicants who present to the Emergency Department with an acute flare of low back pain. Here, the applicant presented to the clinic setting on January 9, 2014 reporting an acute flare of chronic low back pain. An injection of ketorolac was indicated to combat the same, as suggested by ACOEM. Therefore, the request was medically necessary.