

Case Number:	CM15-0037780		
Date Assigned:	03/06/2015	Date of Injury:	03/10/1998
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/27/2015

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: Family Practice

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 67-year-old male, with a reported date of injury of 03/10/1998. The diagnoses include musculoligamentous sprain of the cervical spine with upper extremity radiculitis, C3-4, C5-6, and C6-7 disc protrusions, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, L4-5 and L5-S1 disc protrusions, left knee medial and lateral meniscus tear, status post right knee arthroscopies, left knee chondromalacia of the patella, status post right diagnostic arthroscopy, status post arthroscopy of the left knee with partial medial and lateral meniscectomy, status post right total knee replacement, and carpometacarpal joint degenerative joint disease of the bilateral thumbs. Treatments have included oral medications. The progress report dated 02/16/2015 indicates that the injured worker complained of neck pain, rated 5 out of 10, back pain with radiation down both legs, rated 7 out of 10, left knee soreness, and right knee pain. The objective findings indicated that the injured worker lacked 14 inches from touching his toes. The treating physician requested methocarbamol 750mg #90, with five refills and Ketorolac 60mg with lidocaine 1ml injections (date of service 02/16/2015). The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic neck pain with radiation to the upper extremities and low back pain. The chronic pain treatment dates back to a work-related injury in 1998. Methocarbamol is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using methocarbamol over the long-term (more than 2-3 weeks) is not recommended. Side effects include sedation and medication dependence. Based on the documentation methocarbamol is not medically indicated.

Ketorolac 60mg with Lidocaine 1ml injection (DOS: 2/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient receives treatment for chronic neck pain with radiation to the upper extremities and low back pain. The chronic pain treatment dates back to a work-related injury in 1998. This patient is opioid dependent. The patient takes Aleve (naproxen) as needed for pain. The frequency and milligram dose were not documented. Ketorolac is also an NSAID. There is an FDA black box warning label for this drug. This warning states ketorolac is not meant to be used for chronic pain. In addition, using more than one NSAID for a patient may pose a health risk. These risks include, but are not limited to, glomerular kidney injury, GI lining injury and bleeding, and cardiovascular events. Ketorolac is not medically indicated.