MAXIMUS Federal Services

Case Number:	CM15-0081273		
Date Assigned:	05/04/2015	Date of Injury:	04/10/2002
Decision Date:	07/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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 53 year old female, who sustained an industrial injury on 04/10/2002. She reported bilateral upper extremity pain and weakness, burning to the bilateral wrists and arms, neck pain, and low back pain due to her involvement in a motor vehicle accident. The injured worker was diagnosed as having cervical stenosis, cervical degenerative disc disease, myofascial pain, diminished range of motion, cervicalgia/neck pain, chronic pain syndrome, and poor coping. Treatment and diagnostic studies to date has included use of a transcutaneous electrical nerve stimulation unit, medication regimen, chiropractic therapy, ultrasound therapy, electromyogram, Toradol injection, and home exercise program. In a progress note dated 04/14/2015 the treating physician reports severe pain that is rated a 9. The treating physician also noted that the injured worker was to continue on the medication regimen of Naproxen, Omeprazole, and Flexeril along with the discontinuation of Pamelor. Psychiatric progress note from 01/22/2015 noted that the injured worker had complaints of throbbing pain to the head with weakness to the bilateral hands and also notes that she is unable to perform dressing herself and combing her hair due to these symptoms. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her current medication regimen and after use of her current medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the current medication regimen. The documentation also did not indicate the effectiveness of the prior Toradol injection with regards to a pain level prior to and after injection along with the effectiveness with functional improvement. The treating physician requested an injection of 60mg of Toradol

per the injured worker's request. The treating physician also requested the medication of Omeprazole 20mg with a quantity of 60 indicating the current use of Naproxen, but did not note any gastrointestinal symptoms. The treating physician also requested Cyclobenzaprine (Flexeril) 7.5mg with a quantity of 90 and an electric, moist heating pad to be dispensed, but the documentation provided did not indicate the specific reasons for the requests of this medication and equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Toradol 60mg injection administered between 4/14/2015 and 4/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) page(s): 72.

Decision rationale: The patient presents with neck pain, rated 8/10, and associated headaches and tingling on the right side extending from the base of the skull to forehead, and numbness and tingling in both shoulders down to both hands' digits. The request is for retro Teracin 60 mg injection administered between 4/14/15 AND 4/14/15. Physical examination to the cervical spine on 11/12/14 revealed tenderness to palpation to the trapezius with hypertonicity. Patient's treatments have included medications, injections, home exercise program, and TENS unit. Per 04/14/15 progress report, patient's diagnosis include cervical stenosis, cervical degenerative disc disease, diminished cervical range of motion, poor coping, cervicalgia/neck pain, myofascial pain, and chronic pain syndrome. Patient's medications, per 04/14/15 progress report include Naproxen, Omeprazole, and Flexeril. Patient's work status is modified duties. The MTUS Guidelines states regarding Toradol: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Review of reports does not show any discussion regarding the use of Toradol injection other than for the patient's chronic pain. MTUS does not support Toradol for chronic pain. Academic Emergency Medicine, Vol 5, 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. In progress report dated 04/14/15, it is stated that the patient has received Toradol injections in the past, last injection 11/12/14. In this case, treater does not discuss why the patient needs Toradol injection as opposed to taking an oral NSAID, which provides comparable levels of analgesia. Additionally, MTUS does not recommend this medication for "minor or chronic painful conditions." Furthermore, the available progress reports do not indicate that the current injection request is for an acute episode of pain. In addition, the request does not indicate location to be injected. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Retro: Electric heat pad, moist dispensed between 4/14/2015 and 4/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 173-174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, heat therapy.

Decision rationale: The patient presents with neck pain, rated 8/10, and associated headaches and tingling on the right side extending from the base of the skull to forehead, and numbness and tingling in both shoulders down to both hands' digits. The request is for retro electric heat pad, moist dispensed between 4/14/15 and 4/14/15. Physical examination to the cervical spine on 11/12/14 revealed tenderness to palpation to the trapezius with hypertonicity. Patient's treatments have included medications, injections, home exercise program, and TENS unit. Per 04/14/15 progress report, patient's diagnosis include cervical stenosis, cervical degenerative disc disease, diminished cervical range of motion, poor coping, cervicalgia/neck pain, myofascial pain, and chronic pain syndrome. Patient's medications, per 04/14/15 progress report include Naproxen, Omeprazole, and Flexeril. Patient's work status is modified duties. ODG Low Back Chapter, has the following regarding heat therapy, "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain." ODG further states, "Active warming reduces acute low back pain during rescue transport. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control." ODG also supports heat as a method of pain reduction for knee complaints, also. The treater does not discuss this request. The patient is diagnosed with left upper extremity ulnar nerve involvement with cervical stenosis, cervical degenerative disc disease, diminished cervical range of motion, poor coping, cervicalgia/neck pain, myofascial pain, and chronic pain syndrome. In this case, the treater does not discuss how the heat pads are being used with what efficacy. ODG supports it for acute exacerbations or during acute pain, but there is no documentation as to how it's being used and whether or not the patient is flared up. The request is not medically necessary.

Retro: 60 Omeprazole 20mg dispensed between 4/14/2015 and 4/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk page(s): 69.

Decision rationale: The patient presents with neck pain, rated 8/10, and associated headaches and tingling on the right side extending from the base of the skull to forehead, and numbness and tingling in both shoulders down to both hands' digits. The request is for retro 60 Omeprazole 20 mg dispensed between 4/14/15 and 4/14/15. Physical examination to the cervical spine on 11/12/14 revealed tenderness to palpation to the trapezius with hypertonicity. Patient's treatments

have included medications, injections, home exercise program, and TENS unit. Per 04/14/15 progress report, patient's diagnosis include cervical stenosis, cervical degenerative disc disease, diminished cervical range of motion, poor coping, cervicalgia/neck pain, myofascial pain, and chronic pain syndrome. Patient's medications, per 04/14/15 progress report include Naproxen, Omeprazole, and Flexeril. Patient's work status is modified duties. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient has received prescriptions for Omeprazole from 08/01/14 and 04/14/15. There are no records indicating the use of NSAIDs and the treater does not document any gastrointestinal upset or irritation. There is no history of ulcers, either. Additionally, the patient is under 65 years of age, and there is no documented use of ASA, corticosteroids, and/or anticoagulants concurrently. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request Omeprazole 20 mg is not medically necessary.

Retro: 90 Cyclobenzaprine 7.5mg dispensed between 4/14/2015 and 4/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) page(s): 63-66.

Decision rationale: The patient presents with neck pain, rated 8/10, and associated headaches and tingling on the right side extending from the base of the skull to forehead, and numbness and tingling in both shoulders down to both hands' digits. The request is for retro 90 Cyclobenzaprine 75 mg dispensed between 4/14/15 and 4/14/15. Physical examination to the cervical spine on 11/12/14 revealed tenderness to palpation to the trapezius with hypertonicity. Patient's treatments have included medications, injections, home exercise program, and TENS unit. Per 04/14/15 progress report, patient's diagnosis include cervical stenosis, cervical degenerative disc disease, diminished cervical range of motion, poor coping, cervicalgia/neck pain, myofascial pain, and chronic pain syndrome. Patient's medications, per 04/14/15 progress report include Naproxen, Omeprazole, and Flexeril. Patient's work status is modified duties. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater provides no reason for request. In review of the medical records provided, there are no records of a prior use of this medication and it appears that the treater is initiating Cyclobenzaprine. Given the patient's condition, a trial of this medication would be indicated. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 90 tablets does not imply short duration therapy.

Therefore, the request is not medically necessary.