

<b>Case Number:</b>	CM14-0162380		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55 year old female with a dated of injury on 3/7/12. She is diagnosed with degeneration of lumbar intervertebral disc, lumbar spinal stenosis, lumbago, and lumbosacral radiculitis. She is also noted to have pars fracture. EDS on 6/6/14 noted the following impression: lumbar radiculopathy affecting the right L5 and left S1 nerve root and distal neuropathy. The medical records indicate the patient has been on opioids for an extended period of time. An April 23/14 report noted that Norco does not last long enough and the patient is not sure of Butrans is helping. The patient was seen on 7/16/14 at which time she complained of back pain with radiation rated 10/10. The patient has been told that her back can't be fused if it is fractured. She is on long acting Butrans and short acting Norco. She has an opioid agreement in place. She underwent Ketorolac injection and medications were refilled. CT scan is requested for possible compression fracture. UR on 10/1/14 non-certified the requested medications and injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketorolac Tromethamine 15mg injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** According to the CA MTUS guidelines, Ketorolac is not indicated for minor or chronic painful conditions. In this case, while the progress report notes that the injection is for acute back pain, the patient is noted to be well into the chronic phase of injury and has undergone prior Ketorolac injections. There is also no indication that prior injections have resulted in subjective or functional improvement. As such, the request for Ketorolac Tromethamine 15 mg injection is not medically necessary.

**Ketorolac Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** According to the CA MTUS guidelines, Ketorolac is not indicated for minor or chronic painful conditions. In this case, while the progress report notes that the injection is for acute back pain, the patient is noted to be well into the chronic phase of injury and has undergone prior Ketorolac injections. There is also no indication that prior injections have resulted in subjective or functional improvement. As such, the request for Ketorolac Injection is not medically necessary.

**Norco 10/325 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 96.

**Decision rationale:** The guidelines do not recommend chronic long term use of opioids due to the development of habituation and tolerance. Furthermore, opioids are not effective for mechanical back pain and neuropathic pain. It is noted that the patient is on Lyrica. Consideration may be given to attempts at other adjuvants such as TCA or SNRI anti-depressants to address the patient's chronic neuropathic pain. However, the medical records indicate that the patient has been on opioids for an extended period of time, and cannot be abruptly discontinued. While weaning is recommended, modification cannot be rendered in this peer review. As such, the request for Norco 10/325 mg #60 is medically necessary.

**Cyclobenzaprine HCL 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 66.

**Decision rationale:** Evidence based guidelines do not recommend long term use of muscle relaxants. While muscle relaxants may be used for short term use in the event of an exacerbation, chronic use of muscle relaxants is not recommended. As such, the request for Cyclobenzaprine HCL 10 mg #60 is not medically necessary.

**Butrans Patch 20 mcg/hr #4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 96.

**Decision rationale:** The guidelines do not recommend chronic long term use of opioids due to the development of habituation and tolerance. Furthermore, opioids are not effective for mechanical back pain and neuropathic pain. It is noted that the patient is on Lyrica. Consideration may be given to attempts at other adjuvants such as TCA or SNRI anti-depressants to address the patient's chronic neuropathic pain. However, the medical records indicate that the patient has been on opioids for an extended period of time, and cannot be abruptly discontinued. While weaning is recommended, modification cannot be rendered in this peer review. As such, the request for Butrans Patch 20 mcg/hr #4 is medically necessary.