

Case Number:	CM14-0207022		
Date Assigned:	12/19/2014	Date of Injury:	11/07/2012
Decision Date:	02/26/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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, Ohio, 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 low back pain reportedly associated with an industrial injury of November 7, 2012. In a Utilization Review Report dated November 12, 2014, the claims administrator retrospectively approved tramadol and ranitidine while retrospectively denying Soma, Toradol injection, and Norflex. The date of service, per the claims administrator, was November 12, 2014. The applicant's attorney subsequently appealed. In November 13, 2014 progress note, the applicant reported persistent complaints of low back pain, sharp and burning. The applicant was reportedly working regular duty in the form of three-hour work shifts. The applicant's medications included Neurontin, Soma, oxycodone, Motrin, ranitidine, and tramadol. The applicant was returned to work. The applicant was status post open reduction and internal fixation of pelvic fracture and was also status post an earlier lumbar laminectomy procedure, it is incidentally noted. On November 12, 2014, the applicant reported persistent complaints of low back pain, sharp, burning, and severe. The attending provider stated that the applicant had had experienced a severe interval worsening of low back pain. The applicant was placed off of work for seven days. Celebrex, tramadol, Neurontin, Relafen, an injection of Toradol, and an injection of orphenadrine were endorsed. General surgery consultation was endorsed for an unrelated issue, the attending provider stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Soma 350mg #15, DOS: 11/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using Tramadol and Oxycodone, opioid agents. Adding Carisoprodol or Soma to the mix was not indicated. Therefore, the request was not medically necessary.

Retrospective Toradol 60mg IM, DOS: 11/5/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol Page(s): 72. Decision based on Non-MTUS Citation Medscape, Ketorolac section

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that oral Ketorolac or Toradol is not indicated for minor or chronic painful conditions. By implication, injectable Ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. Here, however, the applicant presented on November 12, 2014 with a flare of pain, reportedly severe. The applicant was described as having an "interval worsening" of low back pain on November 12, 2014. An injection of Ketorolac (Toradol) was indicated to combat the same. The 60-mg injection did conform to the dosage endorsed in Medscape for flares of moderately severe acute pain, as was present here. Therefore, the request was medically necessary.

Retrospective Orphenadrine 60mg IM, DOS: 11/5/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Medscape, Orphenadrine Medication Guide

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Orphenadrine are recommended with caution as a second-

line option for short-term treatment of acute exacerbations of chronic low back pain. Here, the applicant presented on the November 12, 2014 progress note at issue reporting a flare in low back pain, scored at severe. An injection of Orphenadrine (Norflex) was indicated to combat the same. The 60-mg dosage of Orphenadrine (Norflex) administered on November 12, 2014 does conform to the dosing suggested by Medscape. Therefore, the request was medically necessary.