

<b>Case Number:</b>	CM14-0213792		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/08/1993
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: 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:

Injured worker is a female with date of injury 10/8/1993. Per treating physician's progress report dated 12/16/2014, the injured worker reports the Toradol injection was beneficial in aborting the severe migraine headache, however, over the last three weeks she has been quite symptomatic with severe neck, upper extremity and headaches. She has attempted conservative treatments and this has failed to relieve her symptoms. Her pain is 8/10 with medications, and without medications 9-10/10. On examination she has moderate bilateral paraspinous tenderness with muscle spasms 1 to 2+. Spurling's was positive, right greater than left. Cervical range of motion was flexion 20 degrees, extension 25 degrees, and rotation 40 degrees bilaterally. There was decreased sensory to light touch in the right C5-C6 dermatomes. Muscle testing is notable for extensor carpi radialis 4-5/5 bilaterally, and biceps 4-5/5 bilaterally. Deep tendon reflexes were biceps 2+ bilaterally, triceps 2+ bilaterally, brachioradialis right 1+ and left 2+. There was a palpable ganglion cyst over the right wrist near the radial aspect. Diagnoses include 1) multilevel cervical degenerative disc disease with C5-C6 2 mm disc bulge and C6-C7 1 to 2 mm disc bulge 2) status post right shoulder resection of distal clavicle and acromioplasty 3) status post right ulnar nerve surgery and right elbow ulnar nerve transposition 4) left elbow tendonitis 5) left shoulder tendonitis 6) status post right carpal tunnel release and revision 7) left wrist tendonitis 8) chronic severe headaches precipitated by cervical degenerative disc disease and muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Amrix 15mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section. Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. The injured worker has been prescribed cyclobenzaprine chronically. There is no indication that this medication has provided objective functional improvement. Chronic use of cyclobenzaprine is not recommended by the MTUS Guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for 1 prescription of Amrix 15mg #30 is determined to not be medically necessary.

**IM Injection of Toradol 60mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section. Page(s): 67-73.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is specifically not indicated for chronic pain. The injured worker has had Toradol injections previously for migrainous headaches. She is not reported to currently have a headache, but has frequent headaches. A Toradol intramuscular injection during this periodic follow up evaluation is not consistent with the recommendations of the MTUS Guidelines. The request for IM Injection of Toradol 60mg is determined to not be medically necessary.