

<b>Case Number:</b>	CM15-0116621		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 59 year female who sustained an industrial injury on 9/17/08. She reported complaints of back, right knee, left shoulder and left thumb pain. Treatments include medications, physical therapy, aqua-therapy, home exercises, viscosupplementation injections to right knee, cortisone injections, Lidoderm patches and surgery. Progress note dated 5/12/15 reports chronic pain in back, left shoulder, left thumb and right knee. She has not been taking Norco for 6 weeks, due to this the pain in her right knee and back is extremely high and is severely decreasing her quality of life. Pain in the right knee is constant, sharp, aching and is a 10/10. The pain in her lower back is a constant spasm feeling and is a 10/10. Diagnoses include sprain of right shoulder and upper arm, hand sprain, degeneration of lumbar or lumbosacral intervertebral and osteoarthritis lower leg. Plan of care includes: restart Norco and recheck ALT in 6-8 weeks then every 6-12 months, find new orthopedic specialist, request treatment from pain management specialist, continue medications, try Flexeril 5 mg 1-2 tablets every night, continue aqua-therapy, administer Toradol injection and follow up in 4 weeks or sooner if needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visits with pain management specialist Qty: 5.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** This patient sustained an injury in September 2008 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no progressive clinical findings or treatment plan suggestive for any interventional pain procedure. Therefore, the request for follow up visits with pain management specialist qty: 5.00 is not medically necessary and appropriate.

**Flexeril tablets 5mg Qty: 45.00: Upheld**

**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): 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use for this injury of 2008. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. Therefore, this request for Flexeril tablets 5mg qty: 45.00 is not medically necessary and appropriate.

**Retrospective DOS: 5/12/15 Toradol 60mg IM injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Ketorolac tromethamine (Toradol), a non-steroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a boxed warning as this medication is not indicated for minor or chronic painful conditions. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of 2008 nor have they demonstrated any functional efficacy derived from treatment already rendered. Therefore, the request for retrospective dos: 5/12/15 Toradol 60mg IM injection qty: 1.00 is not medically necessary and appropriate.