

Case Number:	CM15-0179842		
Date Assigned:	09/21/2015	Date of Injury:	05/03/2005
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on May 3, 2005. The injured worker is diagnosed as having chronic low back pain, post anterior fusion L4-L5, failed back surgery syndrome and left L4-L5 radiculopathy. Her work status is permanent and stationary. Currently, the injured worker complains of left leg pain with burning pain in the buttock, thigh, calf and heel. Her pain is rated at 10 on 10. She reports the pain limits her ability to engage in activities of daily living and decreases her functionality. She reports constant low back pain accompanied by numbness and tingling down her leg and is rated at 8 on 10. She is unable to sit due to the pain. She reports her pain is reduced from 9 on 10 to 6 on 10 with medications. She also reports tingling "below her waist down" with bowel movements and urinary incontinence. Physical examinations dated July 23, 2015- August 20, 2015 revealed mild pain on palpation of the lower lumbar spine. The lumbar range of motion is as follows; flexion 10, extension 15, left lateral bending 10 and right lateral bending 10. A negative straight leg raise bilaterally is noted, Wadell's sign is 0 on 5, FABER sign is negative and there are severe tension signs on the left side. Motor examination is 5 on 5 on the right and 4 on 5 on the left. Sensation is decreased to pin-prick at "left L4-L5 and S1 dermatomes" and reflexes are "2+ and symmetric in the quads and Achilles". Treatment to date has included surgery 2008 (anterior lumbar interbody fusion), medications (Percocet 10-325 mg one tablet four times a day, Gabapentin 800 mg one tablet three times a day, Zanaflex 4 mg one tablet twice a day as needed, Amphetamine, Lorazepam, Tizanidine 4 mg one tablet three times a day, Motrin 800 mg), urine toxicology screen and back support. Documentation reveals Tizanidine has been prescribed for

at least six months. A request for Toradol 60 mg intramuscular (date of service July 23, 2015) is denied due to lack of documentation of medical necessity of an additional non-steroidal anti-inflammatory medication and Toradol is not indicated for chronic painful conditions. The request for Tizanidine 4 mg three times a day #90 is denied due to lack of documentation of increased functional improvement or reduced pain, as well as previous authorizations were given to aid in opioid weaning, which is not evident in the documentation, per Utilization Review letter dated August 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM DOS 7/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

Decision rationale: The claimant sustained a work injury in May 2005 and is being treated for radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10. When seen, she was having a flare-up of back pain and was having difficulty sitting. Pain was rated at 8/10. She was having constant low back pain with lower extremity radiating symptoms. Physical examination findings included appearing in no acute distress. There was lumbar tenderness with decreased range of motion. There was decreased left lower extremity sensation with decreased reflex responses. Percocet was continued and a Toradol injection was administered. Percocet was continued. Tizanidine was continued and had been prescribed since at least February 2015. Guidelines recommend ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was not in acute distress and changing her opioid medication was not being considered. The injection performed is not considered medically necessary.

Tizanidine 4mg tid for 30 days #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in May 2005 and is being treated for radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10. When seen, she was having a flare-up of back pain and was having difficulty sitting. Pain was rated at 8/10. She was having constant low back pain with lower extremity radiating symptoms. Physical examination findings included appearing in no acute distress. There was lumbar tenderness with decreased range of motion. There was decreased left lower extremity sensation with decreased reflex responses. Percocet was continued and a Toradol injection was administered. Percocet was continued. Tizanidine was continued and had been prescribed since at least February 2015.

Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.