

<b>Case Number:</b>	CM15-0063408		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/29/1999
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 49 year old male, who sustained an industrial injury on 9/29/99. He reported initial complains of right heel laceration, low back, neck, right shoulder and elbow injury. The injured worker was diagnosed as having cervical disc degeneration; cervical lumbar pain; lumbar spinal stenosis L5-S1; lumbar facet syndrome; lumbar degenerative disc disease L3-L4, L4-L5, L5-S1. Treatment to date has included lumbar facet joint injection L4-L5 L5-S1 bilaterally (1/18/11); Lumbar Medial branch blocks L4-5 L5-S1 x3 (2011); Lumbar Medial branch radiofrequency L4 and L3 bilaterally (3/2011); chiropractic therapy, physical therapy; medications. Currently, PR-2 notes dated 3/13/15 indicated the injured worker was there as a follow-up and refill of his medications. The injured worker states the medications are not helping. He complained of cervical and lumbar discomfort as burning, severe, intense pain, tightness, ruining the quality of life, increasing with movement, shooting and sharp. The pain scale of 8/10 is documented and noticeable at 100% of the time. The provider's treatment plan is to "wind down" the Flexeril and stop it. He is re-requesting an MRI of the lumbar spine due to increased pain and decrease in functional ADLs. He is requesting Prilosec, Flexeril, Soma and Toradol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Prilosec: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, Toradol was not found to be medically necessary. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

## **1 Prescription of Flexeril: Upheld**

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

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

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the current prescription for Flexeril expires 5/2015, and an additional prescription is not appropriate. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

## **1 Prescription of Toradol: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Ketorolac (Toradol) is a non-steroidal anti-inflammatory drug (NSAID). The oral form is only recommended for short-term (up to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, and only as a continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful

conditions. The guidelines do not recommend Toradol for chronic pain, as in this case. In addition, it is unclear if the Toradol administration requested is for oral or parenteral use. The medical necessity for a Toradol has not been established. The requested medication is not medically necessary.

### **1 Prescription of Soma: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29, 63.

**Decision rationale:** The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.