

<b>Case Number:</b>	CM13-0003126		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/14/1988
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66-year-old male who reported an injury on 12/18/1988. The mechanism of injury was not provided in the medical records. According to his 06/24/2013 office note, the patient's symptoms include back pain and bilateral leg pain. The objective findings included decreased range of motion of the lumbar spine, positive spasm of the lumbar musculature, tenderness to palpation of the lumbar paraspinal muscles, tenderness to palpation of the bilateral iliac crests, normal motor strength, sensation, and reflexes to the bilateral lower extremities. The patient was diagnosed with lumbar post-fusion syndrome. Recommendations were made for a prescription for Flexeril, an epidural steroid injection at L3-4, and physical therapy 3 times a week for 3 weeks. It was specified that the patient had not previously been on Cyclobenzaprine, and the request was for a short term prescription in order to control his lumbar muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril #30 (between 6/24/2013 and 9/6/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The California MTUS Guidelines state that Cyclobenzaprine is recommended as an option for a short

**Decision rationale:** The California MTUS Guidelines state that Cyclobenzaprine is recommended as an option for a short course of therapy. It further states that this medication is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse side effects. It further states that the effect of this medication is greatest in the first 4 days of treatment, suggesting that shorter course may be better. It also states that the addition of Cyclobenzaprine to other agents is not recommended. As the documentation submitted for review failed to provide a current medication list for this patient, it is unknown whether Cyclobenzaprine is being added to other agents. Additionally, the request for 30 tablets exceeds the guideline recommendation that treatment should be brief, specifying that the effect of this medicine is the greatest for the first 4 days of treatment. With the absence of more specific details regarding the patient's current medications and the plan for use for Cyclobenzaprine, the request is not supported. Therefore, the request is non-certified.

**One lumbar epidural injection at L3-4 (between 6/24/2013 and 9/6/2013):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state that the criteria for use of epidural steroid injections include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the patient needs to have been initially unresponsive to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. The patient was noted to have complained of low back pain with radiation into his legs; however, the objective findings noted normal sensation, reflexes, and motor strength to the bilateral lower extremities, as well as negative straight leg raise tests. Therefore, radiculopathy was not noted on physical examination for this patient. Additionally, specific information regarding the patient's previous conservative treatment was not provided in recent office notes. Therefore, it is unknown whether the patient has been or is currently participating in exercises, physical methods, NSAIDs, or muscle relaxants. For these reasons, the request is non-certified.

**Epidural steroid injections (ESIs):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation I am reversing the prior UR decision. My decision is that the issue listed above IS medically necessary. The reasons for reversing the prior UR decision are listed in the rationale below.

**Decision rationale:** The California MTUS Guidelines state that physical medicine is recommended in order to restore flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. It specifies that physical medicine for patients with myalgia and myositis is 9 visits to 10 visits over 8 weeks, and for patients with neuralgia, neuritis, or radiculitis, it is recommended as 8 visits to 10 visits over 4 weeks. As the patient was shown to have functional deficits related to his lumbar spine at his 06/24/2013 office visit, and physical medicine is recommended as 9 visits to 10 visits over 8 weeks for myalgia and myositis, the request is supported. For this reason, the request is certified.