

Case Number:	CM13-0005471		
Date Assigned:	06/06/2014	Date of Injury:	02/10/1995
Decision Date:	07/24/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/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 49 year old female with date of injury 2/10/95. The mechanism of injury is stated as hurting the lower back after bending over then standing up. The patient has complained of lower back pain since the date of injury. She has been treated with physical therapy, epidural corticosteroid injections and medications. CT of the lumbar spine dated 03/2013 revealed mild L4-L5 and L5-S1 disc disease. Objective: tenderness to palpation of the lumbar spine and paraspinous lumbar spine musculature bilaterally. Diagnoses are lower back pain, lumbosacral spondylosis. Treatment plan and request include the following: Flexeril, Lortab, Ibuprofen, Lumbar Medial Branch Block right L2-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 49 year old female has complained of lower back pain since date of injury 2/10/1995. She has been treated with physical therapy, epidural corticosteroid injections

and medications to include cyclobenzaprine since at least 10/2012. Per the MTUS guidelines cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course, maximum 2-4 weeks only. Additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

LORTAB 10/500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old female has complained of lower back pain since date of injury 2/10/1995. She has been treated with physical therapy, epidural corticosteroid injections and medications to include Lortab since at least 10/2012. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids.

IBUPROFEN 800MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: This 49 year old female has complained of lower back pain since date of injury 2/10/1995. She has been treated with physical therapy, epidural corticosteroid, injections and medications to include Ibuprofen since at least 10/2012. Per the MTUS guideline cited above, NSAIDS are recommended for the short term (2-4 week) symptomatic relief of low back pain. The current treatment duration at the time of request far exceeds the recommended treatment period. On the basis of the MTUS guidelines, Ibuprofen is not indicated as medically necessary

LUMBAR MEDIAL BRANCH BLOCK RIGHT L2,L3,L4,L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 300.

Decision rationale: This 49 year old female has complained of lower back pain since date of injury 2/10/1995. She has been treated with physical therapy, epidural corticosteroid injections and medications. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, medial branch block of right L2 through L5 is not indicated as medically necessary.