MAXIMUS Federal Services

| Case Number: | CM13-0019765 | | |
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| Date Assigned: | 12/11/2013 | Date of Injury: | 08/31/2011 |
| Decision Date: | 02/19/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 09/03/2013 |

## 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 Occupational Medicine and is licensed to practice in California. 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; and reported return to regular duty work. In a permanent stationary report of October 31, 2012, it is stated that the applicant has returned to full time work as a cashier. The applicant has disk protrusions of 5 mm in size at L4-L5 and L5-S1, it is stated. Several clinical progress notes of October 15, 2013, November 18, 2013, and September 10, 2013 are all reviewed. The applicant is consistently described as having issues with ongoing low back pain. Epidural steroid injection therapy is sought. The applicant is described as having radiating symptoms down her right lower leg during straight leg raise test of October 15, 2013. Multiple other notes state that the applicant's low back pain radiate to the buttocks and that the applicant does have positive straight leg raising on the right. The applicant is using several analgesics, including Tylenol No. 3 and Relafen. The attending provider states that the applicant is using Flexeril on a p.r.n. basis as of the letter of appeal dated August 6, 2013. The attending provider states that the epidural steroid injection could be employed for diagnostic purposes here.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg:** 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 Cyclobenzaprine Page(s): 41.

**Decision rationale:** The attending provider did not furnish any quantity of cyclobenzaprine alongside the request for authorization. While a limited supply of cyclobenzaprine or Flexeril could have been supported here, it appears, however, that the applicant is using numerous other analgesic medications, including Relafen, Tylenol No. 3 and/or Norco. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, however, treatment with cyclobenzaprine or Flexeril should be brief. Addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using several other analgesic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Accordingly, the request remains non-certified, on independent medical review.

**A lumbar epidural steroid injection at L5-S1:** 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 Epidural Steroid Injection Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, up to two epidural steroid injections are recommended for diagnostic purposes. In this case, the applicant does have some signs and symptoms of an active lumbar radiculopathy. There does appear to be some incomplete radiographic corroboration of the same, with the 5-mm disk protrusions appreciated at L4-L5 and L5-S1. The applicant does not appear to have any prior epidural steroid injections. A trial diagnostic (and potentially therapeutic) injection is therefore indicated. Accordingly, the request is certified, on independent medical review.