

Case Number:	CM13-0043112		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2012
Decision Date:	06/10/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 and is licensed to practice in Maryland and District of Columbia. 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:

This is patient had initial injury, after lifting heavy boxes, on Aug 31 2012 and sustained lower back pain with referred pain to right lower extremity and foot. Following the initial injury patient saw [REDACTED] on Nov 2012 until Jan 2013 at an occupational clinic. [REDACTED] had seen patient on Jan 30 2013 and noted femur cyanosis with lumbar pain and diagnosed pain with lumbar radiculopathy. Patient was told to do physical therapy and given flexeril and nabumetone. She was also noted to have taken nortryptaline for CRPS in the left upper extremity. [REDACTED] saw patient on Feb 14 2013 for low back pain and referral to right lower extremity pain. At this point an MR of lumbar spine was ordered. She was to continue flexeril, nabumetone and nortryptaline. Physical therapy was attempted and therapist noted the patient had pain and limited range of motion. [REDACTED] saw patient on May 5 2013 for same pain complaints. Patient was thought to possibly benefit from epidural injection and was denied this via workmen's comp. Patient attended 2 of the 6 sessions as she did not feel pain relief. She was given flexeril and Relafen which was found to be helpful. Patient then sought treatment with [REDACTED] who did provide injections for the back and this was noted to decrease her right lower extremity pain. MRI of left spine in March 2013 showed minimal disk bulging on the left side at l4-5 level and On Aug 12 2013, the patient had seen [REDACTED] and he recommended aggressive management and epidural injections as well as starting lycrica 50mg and continuation of nortryptaline. He also recommended EMG/NCS to evaluate for radiculopathy vs. crps. In a letter dated on Oct 1 2013, [REDACTED] describe the patient having lower back pain She had completed acupuncture session which helped temporarily relieve pain symptoms. She was diagnosed with right sacroiliac arthralgia. She was given an increased dose of nortryptaline from 20mg to 40mg. Pt was also given Relafen 500mg bid, and flexeril 10mg, to continue.

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 Page(s): 41-42, 60, 64.

Decision rationale: Pt had complaints of back pain. As per MTUS guidelines, Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. Pt had exceeded the duration recommendations. Therefore, the request for Flexeril 10mg is not medically necessary and appropriate.

PHYSICAL THERAPY EVALUATION AND 6 SESSIONS: 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 Page(s): 30, 39.

Decision rationale: As per MTUS guidelines, Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). While recommended, the research remains ongoing as to (1) what is considered the "gold-standard" content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. The patient could benefit and provide relief of her symptoms. Therefore, the request for physical therapy evaluation and 6 sessions is medically necessary and appropriate.