

<b>Case Number:</b>	CM13-0043312		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 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 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 61 year old female who was injured on 12/31/2009 when her campus had new carpet installed and she was asked by her principal to help move furniture and unpack boxes. She was walking to the classroom when another employee walked by with a large box and almost dropped it. Her instinct was to lunge forward to help catch the box. This movement caused pain in her herniated disc and caused impingement of the nerve root with hip pain and pain shooting into her feet. Prior treatment history has included acupuncture, physical therapy and chiropractic care as well as injections. Her medications include Norco, Zanaflex, Gabapentin and Flexeril. A Pr-2 dated 12/12/2013 documented the patient with complaints of continued severe low back, right sided hip and right buttock pain that is constantly aching and radiates down the right leg. Objective findings on exam revealed that the patient had to stand during the examination because of the pain. She says she cannot sit for a very long time. She has tenderness to the lumbar spine paravertebral muscles with spasm. She has tenderness to the right sciatic notch and a positive sciatic tension test, which produces low back, right buttock and hip as well as right leg pain. She has slightly guarded gait and has mild limp favoring the right lower extremity. Diagnoses: Lumbar spine myofasciitis with radiculitis and disc injury; Psych-deferred; Medication induced gastritis; Sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF FLEXERIL 10 MG #90:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. A Pr-2 dated 12/12/2013 documented the patient with complaints of continued severe low back pain (LBP), and pain down the right hip and lower extremity. The progress report documents lumbar paravertebral spasms on examination. Her medication regimen has included muscle relaxants, Flexeril and zanaflex. It does not appear that muscle relaxants have been effective and beneficial for this patient. In addition, the medical records do not establish this patient has presented with any acute exacerbation of chronic low back pain. Furthermore, there lacks documentation of any attempts with self-directed care such as would include heat/ice, range of motion/stretching exercises, and such. Given the apparent lack of benefit with the muscle relaxant, absence of an acute exacerbation of LBP with documented attempts with first-line interventions, the medical necessity of Flexeril has not been established. The request is not medically necessary and appropriate.

**8 ACUPUNCTURE SESSIONS WITHIN THE MPN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient's prior treatment has included acupuncture treatments. The records do not detail when the patient last attended acupuncture or the number of sessions she has completed to date. The MTUS Acupuncture Guidelines state acupuncture treatments may be extended if functional improvement is documented. The medical records do not document that the patient obtained objective functional improvement with the prior acupuncture, such as a decrease in pain level, medication use and improved function, as a result of prior acupuncture treatment. The medical necessity of acupuncture treatment has not been established. Therefore, the request is not medically necessary and appropriate.