

<b>Case Number:</b>	CM13-0059358		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/08/1997
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 patient is a 66 year old female who was injured on 08/08/1997. Mechanism of injury not stated. Treatment history included medications such as Dilaudid, oxymorphone, Oxycodone, Fentanyl, Trazodone, Zoloft, Adderall, Flexeril, and Norco. She also had cervical radiofrequency rhizotomies. On 02/18/2013 urine drug screen was positive for hydromorphone, oxymorphone, oxycodone, Fentanyl, amphetamines, opiates and creatinine. On 06/03/2013 urine drug screen was positive for hydromorphone, oxymorphone, oxycodone, Fentanyl, opiates, and creatinine. On 08/08/2013 urine drug screen was positive for opiates and oxycodone with positive inconsistent result for hydromorphone. Clinic note dated 02/18/2013 indicates on neuro exam strength to the lower extremities 5/5, upper extremities 5/5, deep tendon reflexes 2+ in all planes and sensation is normal and equal bilaterally. Cervical ROM decreased with lateral rotation only. Positive tender muscle bands with palpation to the upper back on the right eliciting pain and radiating to the shoulder. Clinic note of 03/03/2013 patient complains of her neck. Findings are not legible. Clinic note dated 08/08/2013 patient complains of pain in neck and the remainder is not legible. There is a clinic note on 09/04/2013 that is not legible. Clinic note dated 10/03/2013 patient has complaints of "my neck". Physical exam is not legible. Clinic note dated 10/21/2013 shows patient with low psychological tolerance. Typical response to chronic pain and mechanical impairment and low frustration tolerance. Objective findings are not legible. Clinic note dated 11/01/2013 documented the patient to have complaints of "sciatica coming and going". Objective findings on exam included patient to be clear, cogent and unimpaired. Working diagnosis for this visit was FNSS with neck pain, FBSS and lumbar pain, and bilateral pain. The patient was diagnosed cervical fusion and mechanical neck pain and failed back surgery syndrome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar bilateral TFESI, L2-3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** As per CA MTUS guidelines, Epidural Steroid Injection's may be recommended for radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Records submitted lack documentation of physical findings consistent with radiculopathy such as decreased sensation, decreased strength, and diminished reflexes. No MRI or electrodiagnostic studies available for review. Thus, the medical necessity has not been established and the request is non-certified.

**Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** As per CA MTUS guidelines, Flexeril is recommended for a short course of therapy and does not allow for a recommendation for chronic use. In this case, this patient has been prescribed this medication chronically, and there is no clinical documentation of evidence of functional improvement. Thus, the request for Flexeril 10 mg is non-certified.