

Case Number:	CM13-0062356		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2009
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 18, 2009. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of August 20, 2012, notable for an L5-S1 radiculopathy; lumbar MRI imaging of September 19, 2010, notable for disk protrusion at L2-L3 and disk protrusion at L5-S1; opioid agents; and muscle relaxants. In a Utilization Review Report of December 2, 2013, the claims administrator approved a request for Norco, denied a request for Flexeril, and denied a request for an epidural steroid injection at L2-L3, stating that there was no proven evidence of radiculopathy at the level in question. The applicant's attorney subsequently appealed on December 19, 2013. In a clinical progress note of December 17, 2013, the applicant is described as presenting with persistent low back pain radiating to the right thigh. The applicant is presently on Flexeril, Motrin, Norco, and Cymbalta, it is stated. The applicant is a former smoker, it is stated. Lower extremity strength ranges from 4/5 to 5/5. It is stated that the applicant has an L2-L3 radiculopathy for which epidural steroid injection therapy is indicated. Flexeril is also sought, along with cognitive behavioral therapy. A rather proscriptive permanent 25-pound lifting limitation is renewed. In a procedure note of December 13, 2012, the applicant did in fact undergo an L2-L3 lumbar epidural steroid injection. On a progress note of November 20, 2012, the applicant was described as using Flexeril, Motrin, Norco, Cymbalta, and medical marijuana. A permanent 25-pound lifting limitation was also renewed on that date. It did not appear that the applicant was working as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG 1 TAB PO QHS, PRN SPASMS, #30, WITH 5 REFILLS: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is in fact using numerous other analgesic, adjuvant, and illicit substances including Motrin, Norco, Cymbalta, and marijuana. Adding cyclobenzaprine or Flexeril to the mix is not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request remains non-certified, on Independent Medical Review.

FLUOROSCOPICALLY GUIDED BILATERAL L2-3 LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection topic Page(s): 46.

Decision rationale: The applicant has had at least one prior epidural steroid injection at the level in question, on December 13, 2012. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat injection should be predicated on evidence of functional improvement with prior injections. In this case, however, the applicant did not have a favorable outcome following the prior block in terms of the functional improvement parameters established in MTUS 9792.20f. The applicant has failed to achieve any lasting benefit in terms of work status and/or work restrictions. The applicant does not appear to have returned to work with a rather proscriptive permanent 25-pound lifting limitation in place. The applicant remains highly reliant on various medications, including Motrin, Norco, Cymbalta, marijuana, Flexeril, etc. All of the above, taken together, imply a lack of lasting benefit or functional improvement through the prior epidural steroid injection. Therefore, the request is not certified, on Independent Medical Review.