

Case Number:	CM14-0172525		
Date Assigned:	10/23/2014	Date of Injury:	04/29/2012
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Connecticut. 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 injured worker is a 50-year-old female who reported a work related injury on 04/29/2012. The mechanism of injury was not provided for review. Her diagnoses were noted to include disc displacement of the lumbar spine, lumbar radiculopathy, lumbar spinal stenosis, lumbar facet arthropathy, chronic pain, and L2-3 annular tear. Her past treatment was noted to include, medication, surgical intervention, and injections. Her diagnostic studies were noted to include MRI of the lumbar spine on 06/22/2012, which was noted to reveal multilevel disc degeneration throughout the lumbar spine, most pronounced at L5-S1, a 4 mm to 5 mm broad based posterior disc protrusion at L5-S1 in conjunction with mild facet joint arthropathy results in moderate bilateral L5-S1 lateral recess stenosis and moderate bilateral foraminal encroachment. There is potential for impingement on the exiting L4 and traversing L5 nerves bilaterally. A 4 mm right posterior protrusion at L4-5 results in mild right L4-5 foraminal encroachment. There was a 4.0 mm to 4.5 mm posterior disc protrusion at L2-3 resulting in mild bilateral L2-3 recess stenosis. A 2 mm curvilinear annular fissure/tear at the posterior L2-3 disc margin. His surgical history was noted to include a right L4-5, right L5-S1 transforaminal cannulation lumbar epidural space and an infusion with local anesthetic and corticosteroid. Per the clinical note dated 04/14/2014, the injured worker complained of low back pain. The injured worker described the pain as aching. Pain was noted to be aggravated by activity, bending, prolonged sitting, rotation, sitting, turning, and twisting. The injured worker reported moderate difficulty in sleep. The pain was rated as a 7/10 in intensity with medications, 9/10 in intensity without medications on the VAS pain scale. The injured worker reported that the pain had worsened since her last visit. Inspection of the lumbar spine revealed no gross abnormality. There were spasms noted in the right paraspinous musculature. Tenderness was noted upon palpation bilaterally in the paravertebral area at L4-S1 levels. Range of motion was slightly to moderately limited. The

pain was significantly increased with flexion and extension. Facet signs were present bilaterally. The physician requested gabapentin, hydrocodone, naproxen, Senokot, and tenazadrine. The rationale for the request was not provided for review. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21, 41-42, 67-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Flexeril is not medically necessary. The California MTUS states muscle relaxants are recommended as non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in multiple back cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. In regard to the injured worker, it was noted that he had spasms to the low back. However, the documentation did not indicate any prior use of cyclobenzaprine. Therefore, the request may be warranted. However, the frequency was not provided for review. Therefore, the request for Flexeril 10 mg with a quantity of 30 is not medically necessary.