

<b>Case Number:</b>	CM14-0176426		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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, has a subspecialty in Interventional Spine 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 60 year old male with an injury date of 08/18/13. Based on the 09/17/14 progress report, the patient complains of low back pain which increases with activities. He rates his pain as a 7/10 and can tolerate the pain for 15 minutes. The 10/02/14 report indicates that the patient has also developed knee pain. The 10/13/14 report states the patient's diagnoses as the following: 1.Chronic low back pain 2.Contracture from lack of movement. On 09/04/14, the patient had a bilateral L2, L3, and L4 medial branch diagnostic block. The utilization review determination being challenged is dated 10/21/14. Treatment reports were provided from 04/15/14- 10/13/14 (reports were hand-written and illegible).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Indomethacin # 90, three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 22,60,61.

**Decision rationale:** According to the 10/02/14 report, the patient presents with low back pain and knee pain. The request is for Indomethacin #90 three refills. There was no rationale provided. The report with the request was not provided and there is no indication of when the patient began taking this medication. MTUS Guidelines support the use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Indomethacin has done for the patient's pain and function, and why it's prescribed. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.

**Flexeril 10 mg # 30, three refills:** Upheld

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

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

**Decision rationale:** According to the 10/02/14 report, the patient presents with low back pain and knee pain. The request is for Flexeril 10 mg #30 three refills. There was no rationale provided. Flexeril was first mentioned on the 10/13/14 report. MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, it appears the patient has been prescribed this medication for the first time. However, the treater does not mention that it is to be used for a short-term. The request is for 3 refills as well indicating a long-term use. The patient does not present with a flare-up or exacerbation where a short-term use of this medication may be appropriate. The request is not medically necessary.