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| <b>Case Number:</b>   | CM14-0032582 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 05/06/2013 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 02/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/14/2014 |

### 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 Occupational Medicine and is licensed to practice in Texas. 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 48 year old female who was involved in a motor vehicle accident during working hours on 05/06/2013. She underwent physical therapy, medications, and two epidural steroid injections without long lasting relief of symptoms. She was under the care of an orthopedic spine surgeon, diagnosis of L4-5 lateral recess stenosis and cervical disc herniations were made. It was decided that since her low back pain was more significant due to radiation in her left leg, she would be monitored for cervical complaints while her request for approval of L4-5 lumbar decompression surgery was made. The patient was on MS Contin, MSIR, and Flexeril. The injured worker also had been going to pain management. Per a progress note dated 02/06/14, the injured worker continued to have persistent low back pain radiating to the lower extremities, anterior thigh with numbness into the foot on a near constant basis. Pain increased with prolonged sitting or standing greater than 15-20 minutes and must change positions frequently. Physical examination of the lumbar spine showed significant muscle spasm pain on lumbar paraspinal musculature. Flexion to 20 degrees, extension 10 degrees, lateral flexion 10 degrees bilaterally. There was significant positive straight leg raise on the left. Diagnosis was lumbar disc syndrome, lumbar radiculopathy, post-surgical syndrome. The patient was prescribed MS Contin, MSIR, and Flexeril. In reviewing notes or documents submitted for review, her pain scale had always been 6-7/10 virtually no improvement, and there had been no documentation of functional improvement. There was a previous or prior utilization review for prescription for Flexeril, MSER, and MSIR where Flexeril was non-certified. MSER and MSIR were modified to certification of one prescription #45. The current request was for Flexeril 10mg #60, MSER 15mg #60, and MSIR 15mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, muscle relaxants for pain.

**Decision rationale:** The clinical documentation does not support the request for Flexeril. Flexeril is for short term use 2-4 weeks, and for acute exacerbation of chronic low back pain. Therefore medical necessity has not been established, per ODG. The current request was for Flexeril 10mg #60 is not medically necessary.

**MSER 15 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiate's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioid's.

**Decision rationale:** In reviewing notes or documents submitted for review; the injured's pain scale had always been 6-7/10 with virtually no improvement, and there had been no documentation of functional improvement. Even though these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician, medical necessity has not been established for the request.

**MSIR 15 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioid's.

**Decision rationale:** In reviewing notes or documents submitted for review, the patient's pain scale had always been 6-7/10 with virtually no improvement, and there had been no documentation of functional improvement. Therefore, medical necessity has not been established. Even though these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician, medical necessity has not been established for the request.

