

Case Number:	CM14-0066331		
Date Assigned:	07/11/2014	Date of Injury:	09/02/2005
Decision Date:	09/16/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain 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 49 year old male who had a work related injury on 09/02/05, the injury was related to repetitive bending and lifting. The most recent clinical note submitted for review is dated 05/06/14. The injured worker is in for low back pain. The pain radiates down the bilateral lower extremities. Aggravated by activity and walking. Pain is rated 10/10 with medication. Pain is rated 10/10 without medication. His pain is reported as worsened since last visit. Activities of daily living limitations in the following areas are self-care and hygiene, activity, ambulation, sleep, and sex. He feels that the use of current medications is helpful. Acupuncture is helpful. Physical examination the injured worker was noted to be alert, oriented, and cooperative. He was observed to be in moderate distress. His gait was antalgic and slow. He uses a cane in order to ambulate. Physical examination of the lumbar spine, reveals a well-healed surgical scar. There is spasm noted in the bilateral paraspinal musculature at L2 through S1. Tenderness was noted upon palpation bilaterally in the paravertebral area at L2 through S1 levels. Range of motion of the lumbar spine showed decreased flexion limited to 40 degrees due to pain, extension limited to 5 degrees due to pain, bending left 30 degrees and bending right 30 degrees. Pain was significantly increased with bending, flexion, and extension. Sensory exam shows decreased sensitivity to touch along the L2-S1 dermatome in both lower extremities. Motor exam showed decreased strength of the extensor muscles and flexor muscles along the L2 to S1 dermatome and bilateral lower extremities. Straight leg raise with the patient in a seated position was positive bilaterally at 70 degrees. EMG/NCV studies dated 11/04/13 no electroneurographic evidence of entrapment neuropathy was seen in the lower extremities. Electromyographic indications of acute lumbar radiculopathy were not seen. MRI of the lumbar spine dated 11/01/13 disc desiccation is noted at T11-12 and L1-2. Type 2 end plate degenerative changes noted at L1-2 level. 2 level posterior fixation device is seen spanning the

L4, L5, and S1 vertebrae on the right side and bridging L4 and S1 on the left side. Interbody spacer device is noted at L4-5 and L5-S1. Anterior body fixator noted at L4 and S1 vertebra. Hardware is intact. Pre and post-contrast analysis showed no abnormal enhancement pattern. Diagnoses lumbar disc degeneration, chronic pain, failed back surgery syndrome, lumbar radiculopathy, status post fusion lumbar spine. Prior utilization review on 04/08/14 was modified to initiate weaning off the Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg for the lumbar spine QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111; 64; 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 of 127.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request is not medically necessary.