

<b>Case Number:</b>	CM14-0068860		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Management 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:

According to the records made available for review, this is a 67-year-old female with a 10/22/07 date of injury. At the time (3/26/14) of the request for authorization for Flexeril 10mg #60 and Medrol dose pak #3, there is documentation of subjective (worsening back and radicular pain and continued neck pain) and objective (limited range of motion of the cervical spine and lumbar spine pain) findings, current diagnoses (cervical spine ruptured disc, lumbar sacral spine ruptured disc, head injury, left L4-5 synovial facet cyst with secondary central and foraminal stenosis), and treatment to date (medication including ongoing use of Flexeril and Medrol dose pak). Regarding Flexeril 10mg #60, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Flexeril; and intention to treat over a short course (less than two weeks). Regarding Medrol dose pak #3, there is no documentation of a symptom free period with subsequent exacerbation or evidence of a new injury; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Medrol dose pak.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that 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. Within the medical information available for review, there is documentation of diagnoses of cervical spine ruptured disc, lumbar sacral spine ruptured disc, head injury, left L4-5 synovial facet cyst with secondary central and foraminal stenosis. In addition, there is documentation of ongoing use of Flexeril. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Flexeril. Furthermore, given documentation of ongoing use of Flexeril, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #60 is not medically necessary.

**Medrol dose pack #3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lumbar Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids; Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that there is limited research-based evidence for oral corticosteroids in the management of low back complaints. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids, as criteria necessary to support the medical necessity of systemic corticosteroids in the acute phase of an injury. In addition, ODG identifies documentation of a symptom free period with subsequent

exacerbation or evidence of a new injury, as criteria necessary to support the medical necessity of systemic corticosteroids in the chronic phase of an injury. Within the medical information available for review, there is documentation of diagnosis of cervical spine ruptured disc, lumbar sacral spine ruptured disc, head injury, left L4-5 synovial facet cyst with secondary central and foraminal stenosis. In addition, there is documentation of radiculopathy and ongoing use of Medrol dose pak. However, there is no documentation of a symptom free period with subsequent exacerbation or evidence of a new injury. In addition, given ongoing use of Medrol dose pak, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Medrol dose pak. Therefore, based on guidelines and a review of the evidence, the request for Medrol dose pak #3 is not medically necessary.