

Case Number:	CM14-0074001		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2008
Decision Date:	09/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/21/2014

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 and Rehabilitation 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:

This 54 year-old patient sustained a low back injury on 9/19/08 from a slip and fall while shoveling gravel during employment while employed with [REDACTED]. Request(s) under consideration include Sprix nasal spray and Flexeril 7.5 mg BID Quantity: 60. Diagnoses include lumbar sprain/ displacement of intervertebral disc without myelopathy; degenerative disc disease; spinal stenosis; and sacroiliitis. Medications list Flexeril, Butran patches, Lyrica, Remeron, and Medical foods. Report of 4/18/14 from the provider noted ongoing chronic back pain rated at 7/10 radiating down bilateral legs associated with muscle spasm and numbness in right thigh for years. Exam showed tenderness, spasm at L3-5 paraspinous muscles; decreased lumbar range with flex/ext/lateral bending/ rotation of 30/0/10/20 degrees bilaterally; positive facet decompression at L3-4; left leg weakness of 4/5 throughout with decreased reflexes and sensation on left with positive sciatica. The request(s) for Sprix nasal spray and Flexeril 7.5 mg BID Quantity: 60 were non-certified on 4/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sprix nasal spray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory ddrugs) Page(s): 67-68, 71. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: It is unclear why the patient required NSAID in form of spray when there is no contraindication to oral medications. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither the chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Sprix nasal spray is not medically necessary and appropriate.

Flexeril 7.5 mg BID Quantity: 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 Muscle relaxants Page(s): 128.

Decision rationale: The guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2008. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 7.5 mg BID Quantity: 60 are not medically necessary and appropriate.