

<b>Case Number:</b>	CM14-0126411		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### 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 female, who sustained an industrial injury on 06/23/2010. She has reported subsequent back and lower extremity pain and was diagnosed with chronic pain syndrome, complex regional pain syndrome and other chronic post-operative pain. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 07/16/2014, the injured worker complained of low back, bilateral hip and right lower extremity. Objective findings were notable for decreased range of motion of the right knee, ankle and lumbar spine, diffuse tenderness in the lumbar region, decreased muscle mass in the right thigh and right leg compared to the left side, positive sciatic notch tenderness present on the left side, Piriformis tenderness, allodynia and hyperpathia distal to the right knee joint and an antalgic gait. A request for authorization of Flexeril and an ice machine purchase or rental was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg, qty 15 with 2 refills:** 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): 63.

**Decision rationale:** The patient sustained an injury in June of 2010. She subsequently developed pain to her back and lower extremities and was diagnosed with chronic pain syndrome. Treatment has included pain medications, surgery, physical therapy. The MTUS guidelines do make specific recommendations regarding the use of muscle relaxants in low back pain. Muscle relaxants in most cases do not show any added benefit over NSAIDS for long term use and have the added risk of dependency. The efficacy does appear to diminish over time. Due to the prolonged nature of use and injury almost 5 years ago, further treatment using this class of medication would not be indicated and is not medically necessary.

**Ice Machine, purchase or rental, duration unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg (Acute & Chronic) Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** The patient sustained an injury in June of 2010. She subsequently developed pain to her back and lower extremities and was diagnosed with chronic pain syndrome. Treatment has included pain medications, surgery, physical therapy. The MTUS guidelines do make specific recommendations regarding the use of cold therapy in low back pain. Cold therapy is indicated for the first few days after tissue injury, but there is inadequate evidence to support its use thereafter for chronic pain therefore making the requested treatment not medically necessary.