

<b>Case Number:</b>	CM14-0145604		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 39 year old male with an injury date of 11/19/13. Per physician's progress report dated 07/30/14, the patient complains of lower back pain and referred left posterior buttock and thigh pain, rated at 5/10 with medications and 10/10 without medications. Physical examination of the thoracic spine reveals hypertonicity, spasm, tenderness, and tight muscle band on both the sides. Physical examination of the lumbar spine demonstrates restricted range of motion with flexion limited to 25 degrees and extension limited to 10 degrees. There is also tenderness to palpation, spasm, hypertonicity in the paravertebral muscles bilaterally. The patient cannot walk on heel. Straight leg raise is positive bilaterally. Lumbar facet loading is also positive bilaterally, left greater than right. Physical examination of the knee joint shows tenderness to palpation at the medial joint line along with 2+ effusions in the joint. Sensation to light touch is reduced over lateral foot, medial foot and lateral calf on the left side. As per progress report dated 07/23/14, the patient has lower extremity left leg pain, numbness, weakness and right knee swelling/pain. The patient is using Opana, Flexeril, Ibuprofen and Neurontin to manage pain, as per progress report dated 07/30/14. The patient is also status post lumbar transforaminal epidural steroid injection on 07/07/14 without benefit. The patient has completed physical therapy and is receiving chiropractic treatments, as per the same progress report. He has also tried the TENS unit, as per progress report dated 07/09/14. MRI of the Lumbar Spine, 01/02/14: Loss of intervertebral disc T2 signal at L3-4, L4-5 and L5-S1; Mild annular disc bulge at L3-4 along with some disc desiccation; Mild annular disc bulge at L4-5 along with small left paramedian disc protrusion, mild left neuroforaminal compromise; nerve root egression without impingement and small posterior central disc extrusion at L5-S1; bilateral lateral recess stenosis, minimal central canal narrowing. MRI of the Thoracic Spine, 02/14/14: T8-9 left paracentral 1 mm disc

protrusion with fissured annulus; T7-8 central 1 mm disc protrusion; T3-4 right paracentral 1 mm disc protrusion. X-ray of the Lumbar Spine, 11/20/13, as per progress report dated 07/30/14: Mild rotoscoliosis with some endplate spurring. X-ray of the Cervical Spine, 11/20/13, as per progress report dated 07/30/14: Straightening of the mid cervical spine. Diagnoses, 07/30/14 are: Lumbar radiculopathy, Pain in the thoracic spine, Disc disorder lumbar and Low back pain. The provider is requesting (a) Left Medial Branch Block at L3, L4, L5, and S1 (b) Flexeril 10 mg # 30. The utilization review determination being challenged is dated 08/09/14. The rationale follows: (a) Left Medial Branch Block at L3, L4, L5, and S1 - "Based on the presence of radicular findings present in the lumbar spine and lack of failure of conservative treatment, proceeding with medial branch blocks at this time is not necessary." (b) Flexeril 10mg # 30 "The use of this medication is not recommended for longer than 2-3 weeks." Treatment reports were provided from 01/02/14 - 10/17/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left medial branch block at L3, L4, L5, and S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint pain, signs & symptoms

**Decision rationale:** The patient presents with lower back pain and referred left posterior buttock and thigh pain, rated at 5/10 with medications and 10/10 without medications, as per progress report dated 09/15/14. The request is for Left Medial Branch Block at L3, L4, L5, and S1. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines, chapter 12, state "Repeated diagnostic injections in the same location(s) are not recommended." A review of the available progress reports does not indicate prior facet joint injections or medial branch blocks. In progress report dated 07/30/14, the provider states that the patient has failed conservative therapy. The provider also states that "There is no clear evidence of radiculopathy." However, Diagnoses as per the same report, includes lumbar radiculopathy. The straight leg raise is positive bilaterally and there is decreased sensation to light touch in lateral foot, medial foot and lateral calf on the left side. ODG does not support facet joint evaluation when there are sensory findings and/or radicular symptoms. The request is not medically necessary.

#### **Flexeril 10mg #30: 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): 63-66.

**Decision rationale:** The patient presents with lower back pain and referred left posterior buttock and thigh pain, rated at 5/10 with medications and 10/10 without medications, as per progress report dated 09/15/14. The request is for Flexeril 10mg #30. MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Flexeril prescription was first noted in progress report dated 05/28/14. The medication has been part of every progress report since then at least till 07/30/14. In that progress report, the provider states that medications help lower the pain from 10/10 to 5/10. The provider also states that the patient is "stable and has improved quality of life and increased capability for daily activities with medications." However, these details are not specific to Flexeril as the patient is taking other medications for pain relief as well. Additionally, guidelines do not recommend use of Cyclobenzaprine for chronic use longer than 2-3 weeks. This request is not medically necessary.