

<b>Case Number:</b>	CM14-0167261		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 and Florida. 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 40 a year old female who was injured on 1/22/2009. The diagnoses are lumbar radiculitis, failed back syndrome and low back pain. The patient had completed PT and epidural steroid injections. The epidural injection in 2013 resulted in significant pain relief and functional improvement. There was subjective complaint of low back pain radiating to the lower extremities. The pain was described as severe affecting quality of sleep and daily activities. There was objective finding of positive straight leg raising test and tenderness of the lumbar spine and sacroiliac joints. There was decreased sensation in the left lower extremity. ■■■■■ noted that the low back pain was getting worse. The request for MRI was for re-evaluation of the lumbar spine in preparation for a repeat epidural steroid injection. The MRI of the lumbar spine from 2009 showed disc bulges, facet arthropathy and nerve root contacts. The medications are Norco and Lidoderm for pain. The patient is also utilizing Flexeril for muscle spasm. A Utilization Review determination was rendered on 10/9/2014 recommending non certification for MRI of the lumbar spine with contrast and Flexeril 5mg #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5 mg, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants should be limited to short term periods of less than 4 weeks during exacerbations of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, sedation, addiction, dependency and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized Flexeril for many years. There is no documentation of intractable muscle spasm. The criteria for the use of Flexeril 5 mg, #60 with 3 refills were not met.

**MRI (Magnetic Resonance Imaging) of the lumbar spine without the use of contrast material, QTY: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized in the evaluation of chronic low back pain with associated neurological deficits. The records indicate that the patient has a history of lumbar spine surgery but retained signs of residual neurological deficits. There are subjective and objective findings consistent with lumbar radiculopathy. The records indicate that the back pain is no longer responding to conservative treatment. The request for MRI was to localize the levels for interventional pain injections. There was significant pain relief following epidural injections in 2013. The criteria for MRI of the lumbar spine with contrast was met.