

<b>Case Number:</b>	CM14-0192522		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/27/2006
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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 is a 56-year-old female with a date of injury of 09/27/2006. The patient's diagnoses include neck pain and cervical disc disease, low back pain and lumbar disc disease with radicular symptoms in the left lower extremity and chronic pain syndrome. EMG testing of bilateral lower extremities from 10/14/2014 shows a bilateral L4 radiculitis. The patient's medications include Fentanyl patch, Percocet, Gabapentin, Imitrex and Flexeril 7.5 mg twice a day on an as needed basis. The patient reports her pain level without medication is 9 out of 10 on a scale of 1 to 10. Her pain level is reported as a 4 to 5 out of 10 with medication. According to the medical record Flexeril helps with pain and spasm in the low back. According to the medical records the patient received a transforaminal epidural steroid injection (left L4) on 03/05/2014. This reportedly gave her only two weeks of relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 transforaminal epidural steroid injection under fluoroscopic guidance and conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary last updated 08/22/2014 regarding fluoroscopy for ESIs ODG-TWC Pain Procedure Summary last updated 10/02/2014 regarding sedation for ESI

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural Steroid Injection

**Decision rationale:** According to MTUS guidelines epidural steroid injections are an option for the treatment of low back pain with radiculopathy. Current recommendations are for no more than two epidural steroid injections. According to the ODG, the transforaminal approach is generally not considered to be superior to interlaminar injections. This patient does have subjective (reported radicular pain) and objective evidence of L4 radiculopathy. The MTUS guidelines clearly state there must be documented evidence of radiculopathy both by physical examination and imaging studies or electrodiagnostic testing. There is little to no documented evidence of the details resulting from the previous epidural steroid injection on 03/05/2014. There is no clearly documented evidence of the nature and length of success (pain/inflammation relief and restoration of range of motion) after this epidural steroid injection. MTUS guidelines state, repeated injections should be based on continued documented evidence of improvement including at least 50% pain relief and a six to eight week reduction in the use of medication. There is no clearly delineated and documented medical evidence of 50% pain relief or reduction in the use of medication as a result of previous epidural steroid injection. According to the ODG there is no firm recommendation for a recommendation for or against sedation during an epidural steroid injection. In this case, a second block is not recommended because there was inadequate response to the first block. Therefore, the above listed issue is considered not medically necessary.

**Retrospective use of Flexeril 7.5mg #60 DOS: 10/14/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain) ANTISPASTICITY/ANTISPASMODICS DRUGS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary last updated 10/02/2014 regarding non-sedating muscle relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Antispasmodics Page(s): 41-42, 48, 60-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flexeril

**Decision rationale:** Documentation in this patient's medical record reveals a prescription for Flexeril to treat spasm in October 2014. Flexeril (Cyclobenzaprine) is a muscle relaxant and a central nervous system depressant. According to MTUS Guidelines it is not recommended for chronic use to treat muscle spasm. Although the mechanism of action for treatment of muscle spasm is unknown a brief course of treatment is recommended for no more than 2 or 3 weeks. For this patient this would be for the month of October 2014. Flexeril is not recommended for chronic use in the treatment of muscle spasms. Therefore, the above listed issue is considered to be medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain) ANTISPASTICITY/ANTISPASMODICS DRUGS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary last updated 10/02/2014 regarding non-sedating muscle relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Antispasmodics Page(s): 41-42, 48 60-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) , Flexeril

**Decision rationale:** Documentation in this patient's medical record reveals a prescription for Flexeril to treat muscle spasm in October 2014. Flexeril (Cyclobenzaprine) is a muscle relaxant and a central nervous system depressant. According to MTUS Guidelines, it is not recommended for chronic use to treat muscle spasm. Although the mechanism of action for treatment of muscle spasm is unknown a brief course of treatment is recommended for no more than 2 or 3 weeks. Flexeril is not recommended for chronic use in the treatment of muscle spasms. Therefore, the above listed issue is considered not medically necessary.