MAXIMUS Federal Services

Case Number:	CM14-0193991		
Date Assigned:	12/01/2014	Date of Injury:	10/18/2013
Decision Date:	01/15/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 25 year old female with a work injury dated 10/18/13.The diagnoses include thoracic spine sprain/strain; lumbar spine sprain/strain with left greater than right leg radiculopathy; L4-L5 annular tear.Under consideration are requests for prospective use of Flexeril 10mg #60; chiropractic manipulative sessions (lumbar spine traction trial) 2 times a week for 4 weeks; prospective use of Fexmid 7.5mg #60; retrospective use of Fexmid 7.5mg #60.MRI of the lumbar spine dated 1/10/2014 demonstrates L3/4 on the left side with significant lateral and foraminal stenosis left side. L4/5 and L5/S 1 broad based disc bulges with lateral recess stenosis.There is a 10/8/14 progress note that states that the patient continues to have low back pain. The examination reveals tenderness over paravertebral muscles, decreased sensation over the left L5 and S 1 dermatome distribution, and limited range of motion. The provider recommends continuingmedication, home exercise and a surgical consult.There is a progress note dated 7/17/14 that states that the patient has mid and lower back pain which radiates into the lower extremities. The physical reveals tenderness to palpation with hypertonicity and spasm present over the bilateral paravertebral musculature of the lower thoracic spine and lumbar spine. Muscle guarding is noted. Tenderness is also present over the lumbosacral junction and left sacroiliac joint. Straight leg raise test elicits lower back pain only. Range of motion is limited. Decreased sensation is noted over the left LS and S 1 dermatome distribution. Patellar reflexes are 2+ bilaterally. Achilles reflexes are 2+ on the right and 1 + on the left. The treatment plan includes Norco and Flexeril for spasm, chiropractic therapy, and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Flexeril Page(s): 41-42 and 64.

Decision rationale: Prospective use of Flexeril 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks.The documentation indicates that the patient has already been on Cylobenzaprine. There is no evidence of significant functional improvement on prior Cyclobenzaprine.There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for prospective use of Flexeril 10mg #60 is not medically necessary.

Chiropractic manipulative sessions (lumbar spine traction trial) 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Chiropractic manipulative sessions (lumbar spine traction trial) 2 times a week for 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior chiropractic therapy in the past. There is no documentation of significant functional improvement from prior chiropractic therapy. The request for chiropractic manipulative sessions (lumbar spine traction trial) 2 times a week for 4 weeks is not medically necessary.

Prospective use of Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Flexeril Page(s): 41-42 and 64.

Decision rationale: Prospective use of Fexmid 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks.The documentation indicates that the patient has already been on Cylobenzaprine.There is no evidence of significant functional

improvement on prior Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for prospective use of Fexmid 7.5mg #60 is not medically necessary.

Retrospective use of Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Flexeril Page(s): 41-42 and 64.

Decision rationale: Retrospective use of Fexmid 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. Retrospective use of Fexmid is not medically necessary.