

Case Number:	CM15-0003403		
Date Assigned:	01/14/2015	Date of Injury:	04/20/2012
Decision Date:	04/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York
 Certification(s)/Specialty: Neurological Surgery

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 33 year old male on April 20, 2012 was carrying paint, twisted to the left and noticed the immediate onset of low back pain. Currently, the injured worker complains pain and discomfort of the low back and bilateral lower extremities. His MRI of the lumbar spine on 06/28/13 was unchanged from a scan done on 06/14/2012. It showed central disc bulge at L4-5 and a minimal disc bulge at L5-S1 with a small annular tear. According to the PR2 of 11/20/2014 he stated that he can perform activities of daily living with less pain. He reported 50% improvement in pain with Robaxin medication. He reported two separate injections to the low back to treat his pain. The first injection provided excellent relief for several weeks but the second injection did not help. The diagnoses have included lumbar disc herniation, low back pain and muscle spasm of the back. Treatment to date has included diagnostic studies, physical therapy, aquatic therapy, medications and epidural steroid injections. On December 17, 2014, Utilization Review non-certified Robaxin 500 miligrams #60 x 2 refills, Compound Cream 180 grams (Cyclobenzaprine 2% and Flurbiprofen) x 2 refills, left L4-5 and L5-S1 transforaminal epidural steroid injection and left L4, L5 and S1 diagnostic medial branch nerve block, noting the California Medical Treatment Utilization Schedule Treatment and Official Disability Guidelines. On January 7, 2015, the injured worker submitted an application for Independent Medical Review for review of Robaxin 500 miligrams #60 x 2 refills, Compound Cream 180 grams (Cyclobenzaprine 2% and Flurbiprofen) x 2 refills, left L4-5 and L5-S1 transforaminal epidural steroid injection and left L4, L5 and S1 diagnostic medial branch nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg One Bid #60 X 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, anti-spasmodics Page(s): 63- 65.

Decision rationale: Muscle relaxants are recommended for short term treatment for acute spasms. Methocarbamol (Robaxin) as an antispasmodic is not recommended to be used longer than 2-3 weeks. The requested 60 and two refills taken at the recommended dose for a first time administration exceed the guidelines.

Compound Cream 180 Gm (Cyclobenzaprine 2% & Flurbiprofen) X 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and is recommended for a short course of therapy. California MTUS guidelines indicate it should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. The injured worker is already prescribed methocarbamol and while dosage of a topical cream is problematic, taking both does not comply with guidelines. Since this cream also contains Flurbiprofen it also does not meet guidelines regarding compounded medications.

Left L4-L5 & L5-S1 Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Epidural Steroid Injection.

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.

Decision rationale: Epidural steroid injection is recommended when significant compression of the nerve root is not present according to the ODG guidelines. Since the MRI scan findings are ubiquitous, criteria are met and the injections are appropriate. The requested treatment is medically necessary.

Left L4, L5 &S1 Diagnostic Medial Branch Nerve Block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Facet joint medial branch block.

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 Medial Branch Blocks.

Decision rationale: As a diagnostic tool medial branch blocks are recommended under ODG guidelines. Guidelines note that psychiatric comorbidity is associated with substantially diminished pain relief emphasizing the importance of assessing comorbid psychopathology. The requested treatment is medically necessary.