MAXIMUS Federal Services

Case Number:	CM15-0004223		
Date Assigned:	03/05/2015	Date of Injury:	01/04/2011
Decision Date:	04/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 54-year-old who has filed a claim for chronic low back, knee, neck, and wrist pain reportedly associated with an industrial injury of November 4, 2011.In a Utilization Review Report dated December 4, 2014, the claims administrator failed to approve requests for Flexeril and lumbar MRI imaging. An RFA form received on November 26, 2014 and a progress note of November 12, 2014 were referenced in the determination. It was suggested that the applicant was off of work. The applicant's attorney subsequently appealed. On December 10, 2014, the applicant reported persistent complaints of low back pain. The applicant was apparently considering a lumbar fusion surgery. A request for a lumbar fusion surgery had apparently been denied through the Utilization Review system. The attending provider stated that he took exception to the Utilization Review denials. The applicant was reportedly using OxyContin, Norco, Naprosyn, Doral, and Fexmid for pain relief purposes, it was incidentally noted. The applicant exhibited motor weakness about the left great toe and left knee extensor muscle. Earlier electrodiagnostic testing of lower extremities of December 6, 2013 was notable for L5-S1 radiculopathy. The attending provider contended that previous lumbar MRI studies were equivocal owing to the poor quality of the imaging facility. The attending provider stated that the applicant was intent on pursuing a multilevel lumbar spine surgery and needed preoperative lumbar MRI imaging to delineate the extent of her preoperative pathology. The applicant was given trigger point injections in the clinic. Multiple medications, including Flexeril, OxyContin, Norco, and Neurontin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: 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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is using a variety of other agents, including OxyContin, Norco, Neurontin, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Repeat MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the requesting provider has contended that the applicant is intent on pursuing a multilevel lumbar spine surgery. The requesting provider has contended that the applicant has heightened radicular pain complaints which have proven recalcitrant to time, medications, opioids, etc. The applicant's presentation and previous electrodiagnostic testing were, in fact, suggestive of an active radicular process. Moving forward with lumbar MRI imaging for what appeared to be preoperative planning purposes, thus, was indicated. Therefore the request is medically necessary.