

Case Number:	CM15-0101507		
Date Assigned:	06/04/2015	Date of Injury:	05/07/2008
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/27/2015

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: California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 35-year-old male who sustained an industrial injury on 05/07/08. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery. Diagnostic studies are not addressed. Current complaints include back and bilateral leg pain. Current diagnoses include lumbar post fusion syndrome. In a progress note dated 04/13/15, the treating provider reports the plan of care as Flexeril and a CT myelogram. The injured worker is reporting severe pain and The requested treatments include Flexeril and a CT myelogram. The 4/13/15 reported worsening pain. Pain is rated severe. The injured worker is status post lumbar fusion on 6/21/12. Examination revealed decreased range of motion, decreased left anterior tibialis and gastrocnemius strength at 4/5, positive left straight leg raise, lasegue and positive popliteal compression test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Flexeril Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Flexeril is recommended as an option, using a short course of therapy. References state that Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Flexeril 10mg is not medically necessary and appropriate.

CT scan myelogram lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm)(http://acr.org/SecondaryMainMenuCategories/quality_safety/apcriteria/pdf/ExpertPanelonNeurologicImaging/LowBackPainDoc7.aspx) ACOEM guidelines updated 2007, page 59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the MTUS guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. In this case, the injured worker is status post lumbar fusion on 6/21/12. The 4/13/15 narrative reported worsening pain rated as severe and examination revealed decreased left anterior tibialis and gastrocnemius strength at 4/5 in addition to positive left straight leg raise and lasegue's test. Given the worsening of symptoms and objective clinical examination findings, the requested imaging study is supported to evaluate the integrity of the lumbar fusion and to aid in treatment planning. The request for CT scan myelogram lumbar is medically necessary and appropriate.