

Case Number:	CM15-0016042		
Date Assigned:	02/04/2015	Date of Injury:	02/16/1996
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: Internal 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:

This 61 year old female sustained a work related injury on 02/16/1996. According to a progress report dated 01/12/2015, the injured worker presented for follow up for lumbar spine pain. She presented with worsening lower back pain over the past several weeks. Symptoms included back pain, buttock pain and back stiffness. Pain scores included an average pain level of 7 on a scale of 1-10. Pain was located in the right lower back. She no longer had radiating pain to the right leg. She complained of more frequent episodes of numbness, tingling, pins sticking the sole of her feet. She also was seen in follow-up for knee pain. She complained of moderate to severe pain in both knees. Symptoms included stiffness, decreased range of motion, instability, difficulty bearing weight and difficulty ambulating. Symptoms were located in the left knee. Diagnoses included knee pain bilateral, facet arthropathy lumbar and lumbar radiculopathy. Treatment plan included Celebrex, Oxycodone, Gabapentin, Ambien and Cyclobenzaprine HCL 10mg one tablet every twelve hours as needed #45, 30 days. According to the provider, the injured worker continued to have moderate to severe lower back pain with radiating pain to the right leg. She was somewhat stable in terms of pain on the current regimen. The provider also noted that the injured worker had been authorized to see physical therapy and have a spine surgery consultation. On 01/26/2015, Utilization Review modified Cyclobenzaprine 10mg #45 and surgical spine evaluation. According to the Utilization Review physician, muscle relaxers are not advised for chronic use but for acute muscle spasm. The injured worker seems to be using the medication daily and #45 pills are non-certified to prevent daily use. The injured worker can have up to 20 pills for flare up of muscle spasms over the month with no refills. CA

MTUS Chronic Pain Medical Treatment Guidelines, pages 63-64 were referenced. In regard to surgical spine evaluation, it was not clear that surgery was being discussed. As of the last note dated in January 2015, the injured worker did not complain of pain down her leg and her symptoms were addressed with the SCS and medications. In regard to the surgical spine evaluation, CA MTUS ACOEM Practice Guidelines page 127 was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

Decision rationale: Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. There is no documentation of functional improvement from any previous use of this medication. The patient has been treated with multiple medical therapies. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Surgical spine evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: ACOEM states that referral to a specialist is indicated if a diagnosis is uncertain or extremely complex, or when the plan or course of care may benefit from additional expertise. There is no clear indication for the requested OrthoSpine consultation. The documentation indicates the claimant had back surgery in 2000 and has an implantable spinal cord simulator. Per the documentation from 1/15/2015 she complained of low back pain without radiculopathy. There is no indication for additional surgery at this time. Medical necessity for the requested service is not established. The requested service is not medically necessary.

