

<b>Case Number:</b>	CM15-0145550		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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:

This 69-year-old man sustained an industrial injury on 3-22-2013. The mechanism of injury is not detailed. Evaluations include lumbosacral MRI dated 2-13-2014 and lumbar and cervical spine x-rays dated 2-24-2014. Diagnoses include grade I lumbar spondylolisthesis with spinal stenosis and radiculopathy ad lumbar instability. Treatment has included oral medications and use of muscle stimulator. Physician notes on a PR-2 dated 6-29-2015 show complaints of low back pain with radiation to the left lower extremity with numbness and tingling. The worker states his pain is rated 8 out of 10 without medications and 5 out of 10 with medications. Recommendations include epidural steroid injection, extra electrodes for the muscle stimulator, Cyclobenzaprine, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexmid Cyclobenzaprine 7.5 #60 (dispensed 6/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (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. Chronic use of muscle relaxants is not supported and as such, the request for Flexmid Cyclobenzaprine 7.5 #60 (dispensed 6/29/15) is not medically necessary and appropriate.

**DME; Extra Electrodes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

**Decision rationale:** According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. The medical records note that the injured worker needs extra electrodes for the muscle stimulator. However, in the absence of subjective and objective functional improvement associated with utilization of the muscle stimulator, the request for extra electrodes cannot be supported. The request for DME; Extra Electrodes is not medically necessary and appropriate.