

Case Number:	CM15-0162053		
Date Assigned:	08/28/2015	Date of Injury:	09/04/2014
Decision Date:	10/20/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, 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 50 year old male, who sustained an industrial injury on 09-04-2014. He has reported subsequent low back pain and was diagnosed with 3rd degree burn of the left leg, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, sciatica, muscle spasm and lumbago. MRI of the lumbar spine dated 10-15-2014 showed 2 mm disc bulge and facet hypertrophy at L4-L5, facet hypertrophy at L2-L4 and ovoid soft tissue density in the left lateral recess posterior to the superior end plate of S1, most likely a large extruded disc fragment. Electromyography and nerve conduction studies of the lower extremities on 11-13-2014 showed denervation in the left medial gastrocnemius with focal denervation in the left medial gastrocnemius. Treatment to date has included oral pain medication, physical therapy, and whirlpool therapy and wound debridement which is noted to provide good pain relief. Documentation shows that Cyclobenzaprine was prescribed since at least 03-17-2015. A 06-05-2015 progress note shows that the injured worker rated low back pain as 5-6 out of 10 without medication and 2-3 with medication, that the duration of pain relief was 6-8 hours and that the medication helped the injured worker to perform activities of daily living, improve participation in a home exercise program and help improve sleep. In a doctor's first report of illness or injury dated 07-07-2015, the injured worker reported low back pain radiating to the legs with tingling and numbness as well as neck and upper-mid back. Objective examination findings showed tenderness of the posterior superior iliac spine, left greater than right, tenderness of the sciatic notch on the left, straight leg raising in the 70 degree sitting position on the right and left with low back pain, straight leg raise in the supine position at 35 degrees bilaterally with pain to the

low back, positive Lasegue's test for sciatic nerve bilaterally and full thickness burn overlying the mid portion of the left gastrocnemius muscle. Work status was documented as temporarily totally disabled. A request for authorization of Cyclobenzaprine 10mg #30 and chiropractic therapy two times a week for eight weeks for the lumbar spine was submitted. As per utilization review on 08-05-2015, the request for Cyclobenzaprine 10mg #30 and chiropractic therapy two times a week for eight weeks for the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months. Previously Norflex (muscle relaxant) was used with opioids and NSAIDS. Long-term use of this category of medication is not recommended. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

Chiropractic Therapy two times a week for eight weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The claimant had already undergone whirlpool and physical therapy. The request for 16 sessions of therapy exceeds the guidelines limit of 6 visits to determine therapeutic benefit. As a result 16 sessions of chiropractor therapy is not necessary.