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| Case Number: | CM15-0163547 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 07/03/2014 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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: Physical Medicine & Rehabilitation

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 07-03-2014. Previous treatments included medications, epidural steroid injection, home exercise program, chiropractic treatments, and physical therapy. Previous diagnostic studies included a lumbar spine MRI dated 07-09-2014. Report dated 07-15-2015 noted that the injured worker presented with complaints that included cervical spine, lumbar spine, and bilateral shoulder pain. The physician documented that the lumbar spine symptoms have increased following the lumbar spine epidural injection on 04-10-2015. Pain level was not included. Physical examination was positive for lumbar spasms right greater than left, cramping, numbness and tingling in the lower extremity, difficulty rising from a seated position and laying position, increased stiffness, difficulty dressing self, tenderness to palpation with muscle spasm and guarding with knot like structure, straight leg raise and Kemp's testing was positive bilaterally, decreased range of motion, decreased sensory, and decreased deep tendon reflexes bilateral lower extremity. Current diagnoses include lumbar spine sprain-strain and cervical spine sprain-strain. The treatment plan included continuing home exercise program, request for open MRI due to claustrophobia and increased symptoms in the right and left legs following the epidural steroid injection, start Zanaflex and Neurontin and follow up in 4-6 weeks. Documentation supports that the injured worker has been prescribed a muscle relaxant (Zanaflex) since at least 11-25-2014. Disputed treatments include open MRI for the lumbar spine and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRIs (magnetic resonance imaging).

Decision rationale: The 50 year old patient presents with cervical sprain/strain, lumbar sprain/strain with bilateral lower extremity radiculopathy, and bilateral shoulder sprain/strain, as per progress report dated 07/15/15. The request is for Open MRI Of Lumbar Spine. The RFA for this case is dated 07/15/15, and the patient's date of injury is 07/03/14. As per progress report dated 05/05/15, the patient's lower back pain is rated at 8/10, and the patient has been diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint sprain/strain. Medications, as per progress report dated 02/17/15, included Naproxen and Norco. Medications, as per progress report dated 07/15/15, included Zanaflex and Neurontin. The patient is temporarily totally disabled, as per progress report dated 04/02/15. ACOEM Guidelines, chapter 8, Low Back Complaints 2004 and Special Studies, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter under MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, a review of the records indicates that the patient has undergone an MRI in the past. An imaging study, dated 07/09/14, revealed disc degeneration and central canal stenosis at L2-3, L3-4, L4-5, and L5-S1, and retrolisthesis and foraminal stenosis at L5-S1. A request for open MRI of the lumbar spine is noted in progress report dated 07/15/15. The treater states that the patient is claustrophobic due to failed bilateral L4-L5 and L5-S1 injury and increased pain in the right and left lower extremities. The treater also states that the patient has failed ESI and is considering surgery. However, the patient is not post-op; there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Hence, the request is not medically necessary.

Fexmid 7.5mg tablets #60: 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), Muscle relaxants (for pain).

Decision rationale: The 50 year old patient presents with cervical sprain/strain, lumbar sprain/strain with bilateral lower extremity radiculopathy, and bilateral shoulder sprain/strain, as

per progress report dated 07/15/15. The request is for Fexmid 7.5mg Tablets #60. The RFA for this case is dated 07/15/15, and the patient's date of injury is 07/03/14. As per progress report dated 05/05/15, the patient's lower back pain is rated at 8/10, and the patient has been diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint sprain/strain. Medications, as per progress report dated 02/17/15, included Naproxen and Norco. Medications, as per progress report dated 07/15/15, included Zanaflex and Neurontin. The patient is temporarily totally disabled, as per progress report dated 04/02/15. MTUS Chronic Pain Guidelines 2009, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)" This medication is not recommended to be used for longer than 2-3 weeks." In this case, none of the progress reports discuss the request. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. There is no documentation of efficacy. Nonetheless, MTUS does not support long-term use of this Fexmid beyond a 2 to 3 week period. Hence, the request for # 60 is not medically necessary.