

<b>Case Number:</b>	CM15-0164323		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/17/1999
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is an 88 year old male, who sustained an industrial injury on 3-17-1999. He reported a low back injury from a malfunctioning-broken chair. Diagnoses include lumbago, degenerative disc disease, radiculopathy, and status post lumbar surgery. Treatments to date include activity modification, medication therapy, physical therapy, home exercise, and transforaminal epidural steroid injections. Currently, he complained of ongoing low back pain noted to be slightly decreased from previous visits. Current medication listed included Cyclobenzaprine and Nabumetone. On 6-26-15, the physical examination documented lumbar tenderness with decreased range of motion, decreased sensation to left lower extremity and positive straight leg raise test bilaterally. The MRI obtained 5-27-15 revealed lumbar canal stenosis and neural foraminal narrowing of multiple lumbar levels. The Utilization Review dated 8-4-15, denied the left sided epidural steroid injections stating the documentation did not include documentation of objective findings for radiculopathy per California MTUS Guidelines. The request for Cyclobenzaprine was denied based on California MTUS, ACOEM Guidelines, and ODG Guidelines indicating, "chronic use of muscle relaxants is not recommended."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection (TFESI) on the left side: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection (the patient did receive 3 lumbar spine ESI's prior to his laminectomy). There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there are no imaging studies demonstrating the findings of radiculopathy (including lumbar MRI performed on March 27, 2015 and EMG/NCV studies). MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Transforaminal Epidural Steroid Injection (TFESI) on the left side is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.