

Case Number:	CM15-0188561		
Date Assigned:	09/30/2015	Date of Injury:	10/22/2012
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 65-year-old male who sustained an industrial injury on 10/22/12. The mechanism of injury was not documented. He underwent L3-L5 decompressive laminectomy and foraminotomy on 10/17/14. The 7/13/15 cervical spine MRI impression documented a central left paracentral focal disc herniation at C 3/4 effacing the thecal sac, bilateral uncovertebral joint hypertrophy with moderate to severe bilateral neuroforaminal narrowing, and spinal cord deformity. The 7/22/15 treating physician report indicated that back pain had returned approximately 4 months after surgery with current severe back pain and numbness radiating into his legs. He had continued severe neck pain radiating to his left shoulder, arm, and mid back. Pain was worsening by being in any position longer than 5 to 10 minutes, such as standing or sitting. He was not taking any pain medications and had not returned to work. Physical exam documented the injured worker was ambulating with a walker. Spurling's test was positive on the left. He had some give way weakness of the right lower extremity and 4+/5 weakness in the right biceps and brachioradialis. There was decreased left C5 and L4 through S1 dermatomal sensation with mildly diminished proprioception with the great toes bilaterally. Left biceps and brachioradialis reflexes were absent and right knee reflex was trace and both ankle reflexes were absent. The diagnosis included cervical intervertebral disc derangement, cervical stenosis, and neck pain. The injured worker had clear left C 3/4 radiculopathy with imaging findings of a disc protrusion abutting the left hemicord and causing severe foraminal stenosis. He had failed conservative measures including non-steroidal anti-inflammatory medications, other analgesics and physical therapy. Authorization was requested for C 3/4 anterior cervical

discectomy and fusion, cervical orthosis, pre-operative medical clearance, pre-operative laboratory evaluation, and post-operative medications including Percocet, Gabapentin, Colace, and cyclobenzaprine 7.5 mg twice a day, #60. The 8/24/15 utilization review certified the requests for C 3/4 anterior cervical discectomy and fusion, pre-operative medical clearance, cervical orthosis, and post-operative medications: Percocet, Gabapentin, and Colace. The request for cyclobenzaprine 7.5 mg #60 was non-certified as there was no indication that Percocet and gabapentin would be insufficient to address post-operative pain and the quantity requested exceeds recommended duration of use guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #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): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: The California MTUS guidelines recommend the use of cyclobenzaprine (Flexeril) as an option, using a short course of therapy, in the management of acute exacerbations of acute back pain. Treatment should be brief. This medication is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met. This injured worker has been approved for a C 3/4 anterior cervical discectomy and fusion, and post-operative medications: Percocet and gabapentin. This request for 4 weeks of Flexeril exceeds guideline recommendations for use limited to no longer than 2 to 3 weeks. There is no indication that Percocet and gabapentin would be insufficient for post-operative pain management. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. Therefore, this request is not medically necessary.