

Case Number:	CM15-0188618		
Date Assigned:	09/30/2015	Date of Injury:	01/31/2012
Decision Date:	11/13/2015	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: 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 55 year old female who sustained an industrial injury on 1-31-12. The medical records indicate that the injured worker is being treated for lumbago; degeneration of the lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis; sciatica. She currently (8-6-15) complains of persistent back pain radiating around the hips and down both legs and sometimes from the waist to the toes. At times her pain level is so intense in the right foot that she can barely step on it and uses a cane for ambulation. Her pain level is 6-7 out of 10 and increases to 8-9 out of 10. Since she cannot bend, her self-care is limited, as she can't wash her feet, cut her toenails, she cannot sit, walk or stand for more than 2 hours. She cooks for short periods of time. She has sleep disturbances. The physical exam dated 8-7-15 revealed tenderness to palpation along the lumbar spine with paraspinal muscle spasms on the right at L4, L5, S1 levels and in T10-L4 bilaterally, decreased range of motion, straight leg raise causes low back pain with radiation into bilateral hips. She has had consistent muscle spasms per notes from 2-23-15 through 8-7-15. The provider indicates that the injured worker continues to have functional improvement with her medications and without them she would not be able to perform even minimal activities of daily living. The treating provider requested a trial of diagnostic medial branch blocks at L2-L5 before considering radiofrequency ablation. Diagnostics include MRI of the lumbar spine (8-25-14) showing multilevel lumbar degenerative disc disease, most severe at L4-5 and L5-S1; left lumbar scoliosis; L4-5 posterior disc extrusion with downward angulation; multilevel lumbar spondylosis. Treatments to date include medications: cyclobenzaprine (records indicate she has been on this since 2-2-12 per 8-6-15 note), Norco; lumbar epidural steroid injection (2013) with minimal response. The request for

authorization dated 8-17-15 was for cyclobenzaprine 10mg #30 with 1 refill; 1 medial branch blocks. On 8-25-15 Utilization Review non-certified the requests for cyclobenzaprine 10mg #30 with 1 refill; medial branch blocks at L2-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #30 with 1 refill: 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), Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 01/31/12 and presents with lumbar spine and thoracic spine pain. The request is for Cyclobenzaprine 10 MG #30 with 1 refill. The RFA is dated 08/17/15 and the patient is on temporary total disability until 09/07/15. The patient has been taking this medication as early as 02/23/15. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has a slow/painful ambulation, tenderness to palpation along the lumbar spine, paraspinal muscle spasms, a decreased lumbar spine range of motion, and straight leg raise causes low back pain. She is diagnosed with lumbago; degeneration of the lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis; sciatica. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Cyclobenzaprine as early as 02/23/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine is not medically necessary.

One (1) medial branch blocks at L2-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet joint diagnostic blocks (injections).

Decision rationale: The patient was injured on 01/31/12 and presents with lumbar spine and thoracic spine pain. The request is for one (1) medial branch blocks at L2-L5. The RFA is dated

08/17/15 and the patient is on temporary total disability until 09/07/15. There is no indication of any prior MBB the patient may have had to the lumbar spine. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The patient has a slow/painful ambulation, tenderness to palpation along the lumbar spine, paraspinal muscle spasms, a decreased lumbar spine range of motion, and straight leg raise causes low back pain. She is diagnosed with lumbago; degeneration of the lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis; sciatica. ODG Guidelines does not support the use of facet blocks (diagnostic or otherwise) in patients who present with radicular pain, which this patient is diagnosed with. Therefore, the requested lumbar medial branch block is not medically necessary.