

Case Number:	CM15-0206232		
Date Assigned:	10/23/2015	Date of Injury:	12/13/1999
Decision Date:	12/07/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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 43 year old male, who sustained an industrial injury on 12-13-1999. The injured worker was diagnosed as having cervical discopathy with disc displacement, status post cervical fusion, cervical radiculopathy, lumbar discopathy with disc displacement, status post lumbar fusion, lumbar radiculopathy, bilateral sacroiliac arthropathy, and thoracic musculoligamentous injury. Treatment to date has included diagnostics, multiple spinal surgeries (lumbar and cervical), and medications. Currently (9-08-2015), the injured worker complains of pain in his neck radiating to the midscapular area to the back of his head, causing headaches. He also complained of right sacroiliac pain with radiation down the right leg, associated with numbness, tingling, and cramping of the calf muscle. He reported that pain was worsening over the past month or so and continued to complain of left leg weakness and buckling. He reported that "pain radiates down both legs and to both heels through the bottom of his feet". Medications included Flexeril (since at least 10-2014), Lunesta, Nalfon, Prilosec, Ultram ER, and Norco. He reported that pain decreased from 7 out of 10 to 4 after taking Lunesta and Nalfon (pain not rated on 8-01-2015 or 6-28-2015). Exam of the cervical spine noted tenderness to palpation over the paraspinal muscles, full range of motion, and negative Spurling's sign. Exam of the lumbar spine noted tenderness to palpation over the right sacroiliac joint, positive FABERE, and positive straight leg raise on the right. Motor strength was 5 of 5 in the upper and lower extremities and sensation was decreased in the right L5-S1 dermatome. He was to continue medications as

prescribed and recommended cervical epidural injection (unspecified). His work status was permanent and stationary. On 10-01-2015 Utilization Review non-certified a request for Flexeril 10mg #90 and 1 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 10mg #90: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of the muscle relaxant, Flexeril (cyclobenzaprine). Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the medical records indicate that Flexeril is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, long-term use is not recommended. There is no evidence in the medical records to support the efficacy of Flexeril in reducing the use of other medications or having improved functional outcomes. For these reasons, Flexeril is not medically necessary.

Cervical epidural steroid injection, quantity: 1: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections as a treatment modality. These guidelines provide the following criteria in order to justify the use of these injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including

at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, there is insufficient evidence that the patient's neck symptoms are related to a neuropathy. There is no evidence of pain or sensation changes in a dermatomal distribution. The documented physical examination reveals normal strength, sensation and deep tendon reflexes. Without evidence of a cervical radiculopathy, the use of a cervical epidural steroid injection is not considered as medically necessary.