

<b>Case Number:</b>	CM15-0025145		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Arizona

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 66-year-old female who reported injury on 11/06/2012. The mechanism of injury was due to a trip and fall. Her diagnoses include bilateral upper extremity compression neuropathy, rule out lumbar intradiscal component, rule out lumbar radiculopathy, chondromalacia patella, left greater than right; right shoulder impingement; cervical myofascial pain; and bilateral elbow collateral ligament injury. Her past treatments included medications, injections and physical therapy. A lumbar MRI, performed on 03/11/2014, revealed moderate lumbar rotosclerosis centered at the L2-3; moderate to advanced bilateral facet arthropathy, discogenic degenerative changes at the L5-S1; moderate to advanced left and mild to moderate right foraminal stenosis, and bilateral lateral recess stenosis secondary to retrolisthesis, and broad based annular bulge with endplate spur complex protruding to the left neural foramen, annular disruption at the L5-S1; mild bilateral lateral recess with moderate left and mild to moderate right foraminal stenosis secondary to degenerative anterolisthesis, and with annular disc bulge and endplate ridging at the L4-5; minor bilateral foraminal stenosis secondary to minimal retrolisthesis with an annular bulge at the L3-4. On 12/22/2014, the injured worker complained of knee pain, rated 7/10; low back pain, right greater than left, rated 6/10; right shoulder pain, rated 5/10; cervical pain, rated 5/10; left elbow pain, rated 5/10; and right elbow pain, rated 3/10. The physical examination of the lumbar revealed paraspinal musculature decrease. It was also noted that the exam was otherwise unchanged from the previous exam. The injured worker was noted to take cyclobenzaprine to decrease spasms that were refractory to heat, cold, stretching and conservative treatments. The result from medication use included tolerance to exercise,

activity and notably increased range of motion. The treatment plan included an MRI for the lumbar spine as the condition was worsening with resultant decline in activity and function. The treatment plan also included a request for cyclobenzaprine as it decreased his spasms with greater level of activity, exercise and improved range of motion. The injured worker also denied lethargy or other adverse side effects. A Request for Authorization form was submitted on 01/15/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Magnetic resonance imaging.

**Decision rationale:** According to the Official Disability Guidelines, repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker was indicated to have lumbar paraspinal musculature decreased with low back pain, rated 6/10. However, there was lack of documentation in regard to significant changes in symptoms and/or findings suggestive of changes in pathology. In addition, a complete lumbar physical examination was not provided for review. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for MRI of the lumbar spine is not medically necessary or appropriate.

**Cyclobenzaprine 7.5mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** According to the California MTUS Guidelines, muscle relaxants are recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The injured worker was noted to have been on cyclobenzaprine for an unspecified duration of time. However, there was lack of documentation to indicate a significant acute exacerbation of chronic low back pain. Furthermore, the guidelines do not recommend use due to diminished efficacy over time and prolonged use leads to dependence on the medication. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

