

Case Number:	CM15-0029912		
Date Assigned:	04/21/2015	Date of Injury:	04/27/2012
Decision Date:	05/19/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, 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 60-year-old male, who sustained an industrial injury on April 27, 2012. He reported mid and low back pain, bilateral hip pain, bilateral lower extremity pain and depression. The injured worker was diagnosed as having chronic low back pain, bilateral buttock pain, and left greater than right leg pain, degenerative disc disease of the lumbar spine, status post lumbar fusion, myofascial pain extending from suboccipital area to the sacrum, multilevel lumbar foraminal stenosis central canal stenosis, degenerative joint disease of the hips, status post right total hip replacement, status right hip dislocation and relocation under anesthesia, medication dependency, depression and morbid obesity. Treatment to date has included diagnostic studies, radiographic imaging, multiple surgical interventions, pain injections, physical therapy, medications and work restrictions. Currently, the injured worker complains of mid and low back pain, bilateral hip pain, bilateral lower extremity pain and depression. He reported a decrease in the ability to perform activities of daily living. He had a sixty pound weight gain after the injury and noted a more sedentary lifestyle since the accident. He reported needing help with bathing, grooming and dressing. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 19, 2015, revealed continued pain. Medications and a large wheel chair were requested. The medication list include Tylenol, Celexa, Lidoderm patch, Seroquel, Lyrica Clonazepam and Flexeril. The patient sustained the injury due to MVA. Per the doctor's note dated 1/15/15 patient had complaints of flare-ups of pain in low back radiating to buttocks at 5-7/10 Physical examination revealed normal mental status

examination A recent detailed physical examination of the lumbar spine and lower extremities was not specified in the records provided .Patient has received an unspecified number of aquatic therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Extra large wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 05/05/15) Wheelchair.

Decision rationale: Request: Extra large wheelchair. A recent detailed physical examination of the lumbar spine and lower extremities was not specified in the records provided. A rationale for extra large wheelchair was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for extra large wheelchair is not fully established for this patient. Therefore is not medically necessary.

Flexeril 10mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril 10mg, #30 According to CA MTUS guidelines cited below, recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients. He reported mid and low back pain, bilateral hip pain, bilateral lower extremity pain and depression. The injured worker was diagnosed as having chronic low back pain, bilateral buttock pain, and left greater than right leg pain, degenerative disc disease of the lumbar spine, status post lumbar fusion, myofascial pain extending from suboccipital area to the sacrum, multilevel lumbar foraminal stenosis central canal stenosis, degenerative joint disease of the hips, status post right total hip replacement, status right hip dislocation and relocation under anesthesia, medication dependency, depression and morbid obesity. Currently, the injured worker complains of mid and low back pain, bilateral hip pain, bilateral lower extremity pain and depression. He reported a decrease in the ability to perform activities of daily living. He reported needing help with

bathing, grooming and dressing. The patient sustained the injury due to MVA. Per the doctor's note dated 1/15/15 patient had complaints of flare-ups of pain in low back radiating to buttocks at 5-7/10. The pt also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore the request for Flexeril 10mg, #30 is medically necessary and appropriate for PRN use during exacerbations.