

<b>Case Number:</b>	CM15-0211442		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	10/27/1994
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Montana, Oregon, Idaho  
 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 10-27-1994. A review of the medical records indicates that the worker is undergoing treatment for degenerative spondylolisthesis, sacroilitis, spondylosis of the lumbar spine and disorders of sacrum. Treatment has included Flexeril (since at least 12-11-2014), Norco, Celebrex and bilateral sacroiliac joint injections, which were noted to significantly reduce pain. Subjective complaints (05-22-2015) included sacroiliac joint pain that was rated as 9 out of 10 without pain medication, 4 out of 10 with pain medication and average pain was 7 out of 10. The plan of care included repeat sacroiliac joint injection. Subjective complaints (07-24-2015 and 09-25-2015) included new onset left leg pain that was documented as 9-10 out of 10 without medication, 5-7 out of 10 with medication and 4-6 out of 10 on average. Norco was noted to improve pain by 70% and sacroiliac joint injection was noted to improve low back pain by 80%. There was no specific documentation regarding the effectiveness of Flexeril at alleviating pain. Objective findings (05-22-2015, 07-24-2015 and 09-25-2015) included limping gait, increased kyphosis, tenderness to palpation of the lumbar paraspinal muscles, pain of the sacroiliac joint, restricted range of motion of the lumbar spine due to pain, positive Fabere's and Gaenslen's test, guarded sacral thrust and minimal tenderness to palpation of the bilateral sacroiliac joints. The physician noted that a request for left S1 transforaminal epidural steroid injection with moderate sedation was being made as well as a refill request for Flexeril. There was no indication as to the reason for the request for moderate sedation. A utilization review dated 10-08-2015 non-certified requests for moderate sedation and Cyclobenzaprine 10 mg qty 60. Of note, requests for left S1 transforaminal epidural steroid injection and outpatient ambulatory surgery center were approved.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Moderate sedation:** 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) pain.

**Decision rationale:** The CA MTUS is silent on the issue of sedation with epidural steroid injection. The ODG-TWC, pain section states that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended, therefore making the requested treatment medically unnecessary.

**Cyclobenzaprine 10mg qty 60.00:** 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).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. 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. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the worker was injured in 1994 and is being treated for chronic low back pain and sacroiliac pain. The worker has been prescribed Flexeril since at least 12/11/14. There is no indication of objective improvement from Flexeril in the documentation. This medication is not recommended for long-term use or to be used with other agents. Therefore, the request is not medically necessary.