

Case Number:	CM15-0221989		
Date Assigned:	11/17/2015	Date of Injury:	12/27/2007
Decision Date:	12/29/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on 12-27-07. The injured worker was diagnosed as having worsening neck pain with bilateral upper extremity radicular pain; multilevel disc bulge with significant posterior protrusion. Treatment to date has included status post anterior cervical disc fusion C5-C5; status post lumbar spine surgery; physical therapy; medications. Diagnostics studies included MRI lumbar spine (8-24-15); EMG-NCV study upper extremities (9-1-15). Currently, the PR-2 notes dated 9-21-15 indicated the injured worker complains of neck, lower back, bilateral wrist, bilateral hand and right knee pain. The provider documents the patient returns for a follow-up with persistent pain in the neck at 3-4 out of 10 which is frequent and radiates into her hands. The right one is worse than the left with weakness and numbness in her fingers. Lower back pain is at 6 out of 10 which is frequent. Bilateral wrist and hand pain is at 8 out of 10 with numbness and weakness. Right knee pain is at 5 out of 10 with more weakness. The pain is made better with therapy, rest and medication reported as Ibuprofen and Flexeril. The provider notes she is currently doing therapy to the neck, back and right knee with 5 out of 12 completed with a "slight increased range of motion". He notes she is working and on physical examination of the cervical and lumbar spine revealed tenderness over the midline. There was tenderness and hypertonicity noted in the paraspinal musculature. There was asymmetrical loss of range of motion. The right knee revealed tenderness anteriorly with some crepitus on passive range of motion. McMurray's test was positive. Neurologically, both lower extremities were normal. The provider notes MRI of the lumbar spine findings dated 8-24-15 reveals "3-4mm disc bulge at L4-L5 and 4mm disc bulge at

L5-S1". The provider also note results of an EMG-NCV study of the upper extremities on 9-1-15 report reveal "bilateral mild compression of the median nerve as well as bilateral mild compression of the ulnar nerve". The provider's treatment plan includes a request for Flexeril refill and consultation for the cervical and lumbar spine. A PR-2 note dated 5-20-15 indicated the injured worker was taking Flexeril and Anaprox for pain which helps her pain "from 8-9 out of 10 to 5-6 out of 10". Her complaints on this day were for cervical spine, lumbar spine and bilateral knee pain. A Request for Authorization is dated 11-4-15. A Utilization Review letter is dated 10-23-15 and non-certification for Flexeril 10mg #60 and Consultation with spine surgeon regarding cervical and lumbar spine, quantity: 1. A request for authorization has been received for Flexeril 10mg #60 and Consultation with spine surgeon regarding cervical and lumbar spine, quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with spine surgeon regarding cervical and lumbar spine, quantity: 1:
Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations, and Low Back Complaints 2004, Section(s): General Approach, Surgical Considerations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in December 2007 while working as a police officer. She underwent a C5/6 anterior cervical decompression and fusion in May 2013 and lumbar surgery in August 2013. She was seen for an initial evaluation by the requesting provider in February 2015. She was having frequent neck and constant low back pain with radiating symptoms. She had upper and middle back tightness and was having occasional headaches. Flexeril, Norco, and KeraTek gel were provided. She was referred for 12 sessions of physical therapy. In August 2015 an MRI of the cervical spine included findings of multilevel disc protrusions with spinal cord encroachment and an MRI of the lumbar spine showed multilevel disc bulging. When seen in September 2015 she was having neck, low back, bilateral wrist and hand, and right knee pain rated at 3-8/10. She had completed 5 of the 12 therapy sessions. Physical examination findings included a body mass index of 31.5. There was cervical and lumbar midline and paraspinal muscle tenderness. There was an asymmetric loss of range of motion. She had anterior right knee tenderness and crepitus with range of motion. McMurray's testing was positive. Authorization was requested for a spine surgery consultation for the cervical and lumbar spine for further treatment recommendations. Continued physical therapy was recommended. Flexeril was continued. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has a history of cervical and lumbar spine surgery and has been treated for chronic neck and low back pain with radicular symptoms by the requesting provider for more than 7 months. She has ongoing pain

after completion of a partial course of physical therapy and has had recent advanced imaging. Further assessment of her condition for treatment recommendations rather than for surgical management is being requested. The evaluation would be expected to clarify whether additional testing was indicated and whether and under what conditions additional surgery might be considered. This would be expected to help to clarify her treatment options. The request can be accepted as being medically necessary.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: The claimant sustained a work injury in December 2007 while working as a police officer. She underwent a C5/6 anterior cervical decompression and fusion in May 2013 and lumbar surgery in August 2013. She was seen for an initial evaluation by the requesting provider in February 2015. She was having frequent neck and constant low back pain with radiating symptoms. She had upper and middle back tightness and was having occasional headaches. Flexeril, Norco, and KeraTek gel were provided. She was referred for 12 sessions of physical therapy. In August 2015 an MRI of the cervical spine included findings of multilevel disc protrusions with spinal cord encroachment and an MRI of the lumbar spine showed multilevel disc bulging. When seen in September 2015 she was having neck, low back, bilateral wrist and hand, and right knee pain rated at 3-8/10. She had completed 5 of the 12 therapy sessions. Physical examination findings included a body mass index of 31.5. There was cervical and lumbar midline and paraspinal muscle tenderness. There was an asymmetric loss of range of motion. She had anterior right knee tenderness and crepitus with range of motion. McMurray's testing was positive. Authorization was requested for a spine surgery consultation for the cervical and lumbar spine for further treatment recommendations. Continued physical therapy was recommended. Flexeril was continued. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. Continued prescribing is not considered medically necessary.