

Case Number:	CM15-0224647		
Date Assigned:	11/23/2015	Date of Injury:	12/11/2014
Decision Date:	12/31/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 34 year old male, who sustained an industrial injury on 12-11-2014. The injured worker was being treated for lumbar strain, lumbar degenerative disc disease, and gastritis. Treatment to date has included diagnostics, physical therapy, home exercise, and medications. On 11-03-2015, the injured worker complains of continued low back pain, varying depending on activity, but reported "a bit of improvement from last time", rating pain "around 5-6" out of 10 (rated 7 out of 10 on 10-06-2015). He reported that he discontinued taking all medications because of dizziness, feeling tired all the time, and nausea and vomiting. He requested changing medications. Exam of the lumbosacral spine noted painful heel and toe ambulation, tenderness at the L4-L5 (mostly on the right side), the ability to flex 6-8 inches from the ground, straight leg positive on the right at 25 degrees from sitting position. Sensation intact in all dermatomes in the bilateral lower extremities, and deep tendon reflexes 1+ in the knees and ankles. Magnetic resonance imaging of the lumbar spine (4-2015) was documented as showing annular tear at the level of L5-S1, mild broad-based posterior disc protrusion, but no evidence of neural impingement. The treatment plan included discontinuing Tramadol and Tizanidine. He was prescribed Naproxen and Flexeril. He was recommended lumbar epidural steroid injection at the level of L5-S1. His work status was modified. On 11-12-2015 Utilization Review non-certified a request for Flexeril 7.5mg #30 and lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 MG 1 By Mouth Every for Pain #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 MG 1 By Mouth Every for Pain #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar strain; lumbar degenerative disc disease; and gastritis. Date of injury is December 11, 2014. Request for authorization is November 3, 2015. According to a November 3, 2015 progress note, subjective complaints include ongoing low back pain 6/10. The injured worker would like to discontinue all medications because of dizziness and feeling tired all the time. Medications include Tizanidine. The start date is not specified. Objectively, there is tenderness at the L4 - L5 level on the right. There is positive straight leg raising. There is no documentation of muscle spasm. The treatment plan states discontinue Tizanidine and start Flexeril. Tizanidine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Prior treatment consisted of Tizanidine (muscle relaxant) for an unspecified amount of time. The treating provider is now prescribing Flexeril 7.5 mg. Muscle relaxants are indicated for short-term (less than two weeks). The treating provider exceeded the recommended guidelines by prescribing Flexeril after treatment for an unknown duration with Tizanidine. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation demonstrating objective functional improvement with Tizanidine. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Flexeril 7.5 MG 1 By Mouth Every for Pain #30 is not medically necessary.

LESI at L5-S1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection (LESI) at L5 - S1 is not medically

necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 week, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar strain; lumbar degenerative disc disease; and gastritis. Date of injury is December 11, 2014. Request for authorization is November 3, 2015. According to a November 3, 2015 progress note, subjective complaints include ongoing low back pain 6/10. The injured worker would like to discontinue all medications because of dizziness and feeling tired all the time. Medications include Tizanidine. The start date is not specified. Objectively, there is tenderness at the L4 - L5 level on the right. There is positive straight leg raising. There is no documentation of muscle spasm. There is no objective documentation of radiculopathy on physical examination. Based on the clinical information and medical record, the peer-reviewed evidence-based guidelines and no documentation with objective evidence of radiculopathy on neurologic evaluation, lumbar epidural steroid injection (LESI) at L5 - S1 is not medically necessary.