

<b>Case Number:</b>	CM15-0037503		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California

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 39-year-old male who sustained an industrial injury on 4/17/14. He currently complains of low back pain with pain intensity of 4/10, mid back and left hip pain. He also complains of tingling in his left groin area. Medications include Tylenol, Advil that help somewhat with pain; Flexaril; Pamelor; Ketoprofen; Methoderm cream, medications decrease pain by about 40%. He is limited in his activities of daily living due to pain. He is experiencing sleep difficulties. Diagnoses include thoracic and lumbar sprain/ strain; lumbar radiculopathy; left hip hematoma. Treatments to date include physical therapy, which relieves pain, chiropractic therapy that helps to increase his walking distance, home exercises. Diagnostics include x-rays of eye orbits with no foreign body detected (11/18/14); MRI lumbar spine (11/18/14) showing degenerative disc disease, canal stenosis and neural foraminal narrowing; MRI pelvis (1/8/15) which was unremarkable; MRI thoracic spine which was unremarkable (1/8/15). In the progress note dated 1/13/15 the treating provider requested cyclobenzaprine for severe muscle spasms; orthopedic follow up for left hip and pelvis, laboratory evaluations and general follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg (dispensed by MD): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine Page(s): 63, 64.

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

**Decision rationale:** The 39-year-old patient complains of left hip pain, rated at 4-10/10, as per progress report dated 01/28/15. The request is for cyclobenzaprine 7.5 mg (dispensed by MD). The RFA for the case is dated 01/13/15, and the patient's date of injury 04/17/14. Diagnoses, as per progress report dated 01/13/15, included left hip hematoma, thoracic sprain/strain, lumbar radiculopathy, and L5-S1 lumbar HNP. Medications included Flexeril, Pamelor, Naproxen and Gabapentin cream. The patient is temporarily totally disabled, as per the same progress report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the patient is taking Cyclobenzaprine at least since 09/04/14 for "severe muscle spasms." In progress report dated 01/13/15, the treater states that medications help reduce pain by 50% and increases his walking by 10 to 15 minutes. However, this information is not specific to Cyclobenzaprine. Additionally, MTUS recommends only short-term use of cyclobenzaprine and the request does not include quantity and duration of use. Hence, the request is not medically necessary.

**General Orthopedic Follow-Up:** 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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The 39-year-old patient complains of left hip pain, rated at 4-10/10, as per progress report dated 01/28/15. The request is for general orthopedic follow-up. The RFA for the case is dated 01/13/15, and the patient's date of injury 04/17/14. Diagnoses, as per progress report dated 01/13/15, included left hip hematoma, thoracic sprain/strain, lumbar radiculopathy, and L5-S1 lumbar HNP. Medications included Flexeril, Pamelor, Naproxen and Gabapentin cream. The patient is temporarily totally disabled, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

In progress report dated 01/13/15, the treater states that the patient "continues general orthopedic follow ups with [REDACTED], regarding evaluation of his pelvis." The treating physician is requesting for the follow-up with the orthopedician in the same report but does not explain the purpose. Additionally, ACOEM guidelines support initial referrals but do not discuss multiple consultations. Hence, the request is not medically necessary.

**Follow-Up in 4 weeks:** Overturned

**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 Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** The 39-year-old patient complains of left hip pain, rated at 4-10/10, as per progress report dated 01/28/15. The request is for follow-up in four weeks. The RFA for the case is dated 01/13/15, and the patient's date of injury 04/17/14. Diagnoses, as per progress report dated 01/13/15, included left hip hematoma, thoracic sprain/strain, lumbar radiculopathy, and L5-S1 lumbar HNP. Medications included Flexeril, Pamelor, Naproxen and Gabapentin cream. The patient is temporarily totally disabled, as per the same progress report. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In progress report dated 01/13/15, the treater is recommending the patient to follow up after 4 weeks for re-evaluation. Given the patient's persistent symptoms, the request is reasonable and is medically necessary.

**Labs (unspecified):** 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  
website <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test/website>  
<http://labtestsonline.org/understanding/conditions/kidney/start/3/>.

**Decision rationale:** The 39-year-old patient complains of left hip pain, rated at 4-10/10, as per progress report dated 01/28/15. The request is for labs (unspecified). The RFA for the case is dated 01/13/15, and the patient's date of injury 04/17/14. Diagnoses, as per progress report dated 01/13/15, included left hip hematoma, thoracic sprain/strain, lumbar radiculopathy, and L5-S1 lumbar HNP. Medications included Flexeril, Pamelor, Naproxen and Gabapentin cream. The patient is temporarily totally disabled, as per the same progress report. ACOEM, MTUS and ODG guidelines do not discuss labs. As per Lab Tests Online at <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test/>, Liver function testing may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments. A series of

bilirubin tests, for instance, may be ordered to evaluate and monitor a jaundiced newborn. Regarding Kidney function tests, the website at <http://labtestsonline.org/understanding/conditions/kidney/start/3/> The National Kidney Foundation (NKF) and the National Kidney Disease Education Program (NKEDP) recommend that people who are at high risk be screened for kidney disease to detect it in its earliest stages. Risk factors include diabetes, high blood pressure, heart disease, or a family history of these or kidney disease. In this case, the request does not specify the type of lab test but, in progress report dated 01/13/15, the treating physician is requesting labs to "monitor liver and kidney function." However, the treating physician does not discuss the purpose of the test. Given the lack of appropriate documentation regarding risk factors, the request is not medically necessary.