

Case Number:	CM15-0047230		
Date Assigned:	03/19/2015	Date of Injury:	03/20/2002
Decision Date:	04/24/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/11/2015

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 64-year-old female, with a reported date of injury of 03/20/2002. The diagnoses include status post removal of hardware and exploration of fusion at L4-5 and L5-S1, revision of posterior fusion from L4-S1, and anterior fusion of L4-5 and L5-S1; status post posterior lumbar decompression with instrumented fusion; multi-level degenerative disc disease of the thoracic spine; and lumbar stenosis. Treatments to date have included an MRI of the lumbar spine, an x-ray of the lumbar spine, transforaminal lumbar interbody fusion (TLIF) at L2-3 on 02/05/2015, oral medications, a walker, and a bone growth stimulator device. The progress report dated 02/23/2015 indicates that the injured worker was doing fairly well. She complained of moderate tenderness in the low back region. After the procedure (TLIF), the injured worker reported that the majority of her tingling had improved. The physical examination of the lumbar spine showed a well-healed incision, no signs of infection, grossly intact motor examination, and use of a walker. The treating physician requested Flexeril and an x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. She underwent a lumbar spine fusion and subsequent removal of hardware. When seen by the requesting provider she was doing well. She had moderate low back tenderness. X-rays of the lumbar spine were obtained and medications refilled. 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, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

Retrospective two-views x-rays of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th edition (web), 2015, Low back chapter, Radiography (x-rays).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. She underwent a lumbar spine fusion and subsequent removal of hardware. When seen by the requesting provider she was doing well. She had moderate low back tenderness. X-rays of the lumbar spine were obtained and medications refilled. Applicable criteria for obtaining a lumbar spine x-ray are trauma or if there are 'red flags' such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag' and therefore the lumbar spine x-ray was not medically necessary.