

Case Number:	CM15-0053804		
Date Assigned:	03/27/2015	Date of Injury:	07/20/2004
Decision Date:	05/12/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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:

This 52 year old male sustained an industrial injury the low back on 2/20/04. Previous treatment included magnetic resonance imaging, injections, home exercise, heat/ice and medications. In a PR-2 dated 2/12/15, the injured worker complained of pain 9/10 on the visual analog scale. The injured worker reported having severe shooting pain from his back down his leg. The injured worker stated that he could hardly walk. Medications improved his pain from 10/10 to 4/10 with 50% reduction in pain and 50% functional improvement in activities of daily living. The injured worker reported being fearful of epidural steroid injections or surgical repair. Physical exam was remarkable for lumbar spine with severe muscle spasm with an antalgic posture in the lumbar trunk, bilateral positive straight leg raise, decreased lower extremity reflexes and limited lumbar range of motion. Current diagnoses included flare up of low back pain, history of left radicular symptoms, hypertension, rosacea, gastroesophageal reflux disease and reactive depression. The injured worker received a Toradol injection during the office visit. The treatment plan included medications (Norco, Flexeril, Glucosamine and Dexilant).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

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

Decision rationale: The patient presents with severe shooting pain from the back, down the left leg, rated 9/10. The patient states that he can hardly walk. The request is for FLEXERIL 10MG #30. The RFA provided is dated 02/17/15 and the patient's date of injury is 07/20/04. The patient has a diagnoses including flare up of low back pain, history of left radicular symptoms, hypertension, rosacea, gastroesophageal reflux disease and reactive depression. Per 02/12/15 report, physical examination to the back revealed severe muscle spasm with an antalgic posture in the lumbar trunk, bilateral positive straight leg raise, decreased lower extremity reflexes and limited lumbar range of motion. Medications improve the patient's pain from 10/10 to a 4/10 with 50% functional improvement with activities of daily living. Current medications include Norco, Flexeril, Glucosamine and Dexilant. The patient remains on Social Security disability, and is not working. 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." Per provided reports, treater prescribed Flexeril for back spasms at least since 01/09/14. MTUS Guidelines do not recommend the use of Flexeril for longer than 2-3 weeks. The use of Flexeril has exceeded the 2-3 weeks recommended by MTUS guidelines. Therefore, the request for Flexeril 10mg IS NOT medically necessary.

Glucosamine Sulfate 500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The patient presents with severe shooting pain from the back, down the left leg, rated 9/10. The patient states that he can hardly walk. The request is for GLUCOSAMINE SULFATE 500MG #120. The RFA provided is dated 02/17/15 and the patient's date of injury is 07/20/04. The patient has a diagnoses including flare up of low back pain, history of left radicular symptoms, hypertension, rosacea, gastroesophageal reflux disease and reactive depression. Per 02/12/15 report, physical examination to the back revealed severe muscle spasm with an antalgic posture in the lumbar trunk, bilateral positive straight leg raise, decreased lower extremity reflexes and limited lumbar range of motion. Medications improve the patient's pain from 10/10 to a 4/10 with 50% functional improvement with activities of daily living. Current medications include Norco, Flexeril, Glucosamine and Dexilant. The patient remains on Social Security disability, and is not working. MTUS (Chronic pain chapter) Guidelines page 50

regarding glucosamine state that Glucosamine is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." Per 02/12/15 report, treater states, "Patient will take Glucosamine 500mg twice daily for inflammation." Per provided medical reports, Glucosamine was prescribed to the patient at least since 01/09/14. In this case, knee arthritis is not documented in any of the progress reports. MTUS guidelines page 50 recommends Glucosamine for treatment of arthritis pain. Guidelines do not discuss it for inflammation. Therefore, the request IS NOT medically necessary.