

Case Number:	CM14-0121200		
Date Assigned:	09/16/2014	Date of Injury:	10/03/2012
Decision Date:	10/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year-old male with history of congenital/developmental spondylolisthesis with bilateral pars defect, that injured his lower back after catching himself while slipping at his place of employment in 10/2012. He complained of low back pain and left lower extremity numbness and tingling. On exam, he had decreased range of motion of the back and slightly decreased sensation of his left lower extremity. He was treated with conservative measures and had an MRI a few weeks later showing L5-S1 foraminal encroachment because of a disc protrusion with left L5 root compression and grade I spondylolisthesis at L5-S1. The patient was diagnosed with sciatica, lumbosacral neuritis and spondylolithesis. He had epidural steroid injections without improvement. In 10/2013, the patient had L5-S1 fusion and discectomy at L5-S1. The patient had to have another procedure for wound exploration after developing cellulitis. A 12/2013 MRI showed lumbar and disc disease causing mild spinal stenosis and mild foraminal narrowing. Despite the surgery, the patient continued with left lower extremity pain and paresthesias and even developed paresthesias of his right lower extremity. He also complained of erectile dysfunction due to pain. The patient had postoperative physical therapy which was helpful. He had electrodiagnostic testing which showed bilateral superficial peroneal sensory neuropathy. The patient was treated with Lidoderm, Celebrex, Amrix, Percocet, Zofran, and Lyrica. The Percocet and Lyrica were documented to have decreased his pain but further Percocet was denied. In 3/2014, he had a lumbar CT lumbar spine showing lumbar disc bulge with mild thecal sac compression and mild spinal stenosis. Pain and paresthesias continued. A repeat electrodiagnostic evaluation revealed no neuropathy as seen on the previous test. He was considered permanent and stationary and unlikely to be affected by further medical intervention. At this time, the medical necessity of Amrix is being evaluated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-63.

Decision rationale: The use of Cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of Cyclobenzaprine with other agents is not recommended. There are general statements documenting improvement in pain while using Percocet and Lyrica but it is unclear if Cyclobenzaprine is necessarily contributing to this improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. There is usually no benefit beyond that provided by NSAIDs in most cases of lower back pain and no benefit when used in combination with NSAIDs. Therefore, because the patient is on Celebrex, continued use of Amrix is considered not medically necessary.