

Case Number:	CM14-0122738		
Date Assigned:	09/16/2014	Date of Injury:	10/16/2007
Decision Date:	10/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 a 61-year-old female who reported an injury on 10/16/2007 due to an unspecified cause of injury. The injured worker complained of lower back pain. The diagnoses included lower back pain, spinal stenosis of the lumbar region, chronic pain syndrome, and spasms. Past diagnostics included an MRI of the lumbar spine. Past treatments included physical therapy, medication, using hot and cold packs, aquatic therapy, and exercises. The physical examination of the lumbar spine dated 07/16/2014 revealed tenderness to palpation of the paraspinal muscles overlying the facet joint and SI? joints to the right. The neurological exam revealed deep tendon reflexes to the lower extremities were at 2+. Antalgic gait with a forward flexed body posture. The medications included a Medrol pack, cyclobenzaprine and gabapentin. No VAS provided. The treatment plan included cyclobenzaprine and Medrol pack. The Request for Authorization dated 09/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The request for cyclobenzaprine 10 mg #60 with 1 refill is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter course may be better. Treatment should be brief. The request for the cyclobenzaprine 10 mg #60 with a refill exceeds the guideline recommendations for short term therapy. The request did not indicate the frequency. As such, the request is not medically necessary.

Medrol pack 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, Pain Procedure Summary, 06/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Corticosteroids

Decision rationale: The request for a Medrol pack 4 mg is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines do not recommend for chronic pain. There is no data on the efficacy or safety of symptomatic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. As such, the request is not medically necessary.