

Case Number:	CM14-0133354		
Date Assigned:	09/08/2014	Date of Injury:	03/30/2009
Decision Date:	10/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 30-year-old female who sustained an injury on March 30, 2009. The injured worker has been followed for complaints of low back pain after lifting an object on the date of injury. The injured worker has had multiple lumbar surgical procedures in the past to include sacral laminectomy and repair of a meningocele. The evaluation on July 30, 2014 noted prior physical therapy, injections, and acupuncture treatment. Medications at this visit included Flexeril and Lyrica only. Prior medications had included Neurontin. The injured worker reported approximately 50% reduction in symptoms with these medications. The injured worker physical exam at this evaluation noted tenderness to palpation in the lumbar spine at the paraspinals. There was weakness noted throughout the lower extremities. The injured worker was additionally prescribed Flector patches at this evaluation. No MRI studies were provided for review. The requested medications and epidural steroid injection was denied on August 06, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (10mg, #30 with 3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril, this request is not considered medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary.

Flector Patches (1.3%, #30 with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN, FLECTOR PATCH (DICLOFENAC EPOLAMINE)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the use of Flector patches, this request is not considered medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. There are no indications that the injured worker has failed or NSAIDs or that this class of medications are contraindicated for this injured worker. Flector patches can be utilized as an option for the treatment of osteoarthritis; however, their overall efficacy in the treatment of chronic pain is not well established in the current clinical literature per current evidence based guideline recommendations. As such, this request is not medically necessary.

Caudal Epidural Steroid Injection (under fluoroscopic guidance): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: In review of the clinical documentation provided, the requested epidural steroid injection is not considered medically necessary. The injured worker's physical exam findings do note ongoing weakness in the lower extremities; however, there are no updated imaging findings submitted for review noting corresponding nerve root compression or compromise that would support a diagnosis of lumbar radiculopathy to support the use of this injection as recommended by current evidence based guidelines. As such, this request is not medically necessary.