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| Case Number: | CM14-0162388 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 10/01/1993 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 Occupational 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:

There were 45 pages provided for this review. His back was asymptomatic prior to 1993. In that year he went to wave at a driver when he was run over. The car rolled over his right buttocks. He has an old L2 compression fracture, disc protrusion at L4-L5 and L3-L4. There was a herniated nucleus pulposus at L4-L5-S1 and myofascial lower back strain and low back pain. He has been treated with epidural injections which helped. He also takes Skelaxin and Vicodin since 2011. He continues with sharp pain in his back. The application for independent medical review was from October 2, 2014. It was for consult for possible epidural steroid injections and Flexeril 10 mg. There was a review determination from September 15, 2014. The patient has degenerative disc disease and he was injured back in 1993. There is no recent conservative treatment documented. There are no red flags or serious conditions that would require immediate consultation. There were no specific radicular pain syndromes documented. There is mention already of Skelaxin that has been used since 2011. Short-term use criteria are not being met. There is still sharp frequent pain in the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for possible epidural steroid injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. With no solid indication for ESI, a consultation for such would not be needed. The request appears appropriately not medically necessary based on the above.

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.