

Case Number:	CM14-0163124		
Date Assigned:	10/08/2014	Date of Injury:	05/27/2011
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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:

Patient is a 47 year-old male with date of injury 05/27/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/03/2014, lists subjective complaints as low back pain with radicular symptoms to the bilateral lower extremities. MRI of the lumbar spine performed on 08/19/2014 was notable for a moderate broad-based disc bulge along with facet hypertrophy causing moderate central canal and bilateral lateral recess stenosis at L4-5. There was moderate multilevel facet arthropathy. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles overlying the facet joints on both sides (left worse than right), trigger points over the lower paraspinals with 2+ muscle spasm. Range of motion was limited in all planes with pain. Alignment of lumbar spine revealed abnormal reversal of lumbar lordosis. Motor examination was within normal limits. Straight leg raising supine was positive on the left at 30 degrees with positive crossed straight leg raising sign. Diagnosis: 1. Lumbar radiculopathy 2. Disorder of trunk 3. Degeneration of intervertebral disc 4 displacement of lumbar intervertebral disc without myelopathy 5. Psychalgia 6. Depressive disorder 7. Anxiety state 8. Shoulder joint pain 9. Posttraumatic stress disorder. Medications: 1. Mobic 15mg, #60 SIG: two to three times daily 2. Flexeril 10mg, #40 SIG: two to three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. In this case, the patient has been taking meloxicam for an extended period. There is no documentation of functional improvement while taking the NSAID. The request for Mobic 15mg # 60 is not medically necessary.

Flexeril 10 mg #40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient does not appear to have been taking cyclobenzaprine or other muscle relaxant. Muscle spasm is well documented on the physical examination. A short course of Flexeril is warranted. Therefore the request for Flexeril 10mg # 40 is medically necessary.