

Case Number:	CM14-0183419		
Date Assigned:	11/10/2014	Date of Injury:	05/02/2011
Decision Date:	12/12/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Practice, 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:

This is a 46-year-old male claimant who sustained a work injury on May 2, 2011 involving the low back. He was diagnosed with lumbar stenosis and retrolisthesis of L2 on L3 and L4 on L5. A progress note on September 18, 2014 indicated the claimant had aggravated his low back pain when he had lifted a piece of wood. His pain level was 5/10. Exam findings were notable for tenderness in the paraspinal region with spasms. Straight leg raising was positive on both sides. His reflexes and sensory exam were intact. The treating physician requested a short course of chiropractic therapy three times weekly and continuation of Ultram for pain and Fexmid (Cyclobenzaprine) for spasms. The Progress note on October 28, 2014 indicated the claimant did not get his chiropractic treatment. The chiropractic sessions were requested again along with continuation of his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fleximid 7.5mg Quantity: 60: 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 Page(s): 63.

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a month and an additional month was requested. Continued use of Fleximid is not medically necessary.

Chiropractic treatment, 3 times a week for four weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Medicine Page(s): 58.

Decision rationale: According to the MTUS guidelines, Manual therapy or chiropractic treatment is recommended for their low back as an option. A trial of six visits over two weeks with evidence of objective functional improvement should be performed prior to the additional visits up to a total of 18. In this case the length of time or duration of treatments was not specified. In addition the treatment is considered a optional and not medically necessary. The request for Chiropractic treatment three times a week for four weeks is not medically necessary.