MAXIMUS Federal Services

Case Number:	CM14-0093805		
Date Assigned:	08/01/2014	Date of Injury:	05/23/2013
Decision Date:	09/17/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 Management and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 05/23/2013 due to lifting boat batteries, each weighing in excess of 100 pounds. As he finished the job, he noticed sharp pain in his mid and lower back, extending from below the shoulder blades to the waist, along with numbness in the right leg to the toes. Diagnosis was chronic low back pain with moderate stenosis L4-5 and L5-S1. Past treatments were chiropractic care and physical therapy, acupuncture, and epidural steroid injections. Diagnostics were MRI of the lumbar spine, EMG that was normal for the lower extremities, Ultrasound bilateral buttock region. Surgical history was not reported. Physical examination on 01/21/2014 revealed complaints of continuous sharp pain affecting the mid and lower back concurrently, which worsens with walking, standing, and sitting. The pain radiated into his buttocks. There were complaints of occasional numbness and tingling that radiated down to the back and across the lower extremities. There was no paraspinal musculature tenderness to palpation. There were no palpable abnormalities. Range of motion for the lumbar spine revealed flexion was to 70 degrees, extension was to 35 degrees, right rotation was to 30 degrees, left rotation was to 31 degrees. There was paraspinal musculature tenderness to palpation. There was tenderness to palpation of the spinous processes. There was no tenderness to palpation of the bilateral sacroiliac joints. Provocative testing, piriformis test was negative bilaterally, Faber test was negative bilaterally. Medications were Flexeril, Norco 5/325 mg, Anaprox 550, and Neurontin 600 mg. Treatment plan was for 2 lumbar epidural injections at the L4-5 and L5-S1 and for additional physical therapy. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain. However, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. Also, the request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that the injured worker had aberrant drug-related behavior. Therefore, the request is not medically necessary.