MAXIMUS Federal Services

Case Number:	CM14-0115529		
Date Assigned:	08/08/2014	Date of Injury:	02/10/2008
Decision Date:	07/13/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on February 10, 2008. Treatment to date has included medications, and physical therapy. An evaluation dated June 26, 2014 revealed the injured worker continued with left side low back pain that radiated into the posterior thigh to the knee. He rated his pain a 4 on a 10-point scale with his pain ranging from 4-8 on a 10-point scale. His pain was aggravated with getting up and getting down, with sitting, with standing and bending. On physical examination the injured worker ambulates with a nonantalgic gait and was able to toe-heel walk. He had tenderness to palpation over the left iliac crest and flexion of his spine caused low back pain. His sensation, reflexes and motor testing were within normal limits in his bilateral lower extremities. A straight leg raise test was negative and he had a negative Faber's test. The diagnoses associated with the request include left lumbago and left sciatica. The treatment plan included MRI of the lumbar spine to evaluate for disc herniation, Flexeril, Norco, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg, #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants 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 along with NSAIDS and Naproxen. The request above is for 2 months of Flexeril and exceeds the guidelines amount. The request is therefore not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. There were no abnormalities noted on neurological exam on 6/26/14 to justify the MRI request at the time. The request for an MRI of the lumbar spine for the time frame in question is not medically necessary.