

Case Number:	CM15-0014540		
Date Assigned:	02/02/2015	Date of Injury:	12/17/2013
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female who reported an injury on 12/17/2013. The mechanism of injury was not provided. Her diagnoses were noted as cervical myoligamentous injury with herniated nucleus pulposus and bilateral upper extremity radiculopathy, lumbar herniated nucleus pulposus with left lower extremity radiculopathy, possible bilateral carpal tunnel syndrome versus ulnar nerve entrapment and medication induced gastritis. Her past treatments were noted to include medication, physical therapy, epidural steroid injection and activity modification. Her diagnostic studies and her surgical history were not provided. During the assessment on 12/15/2014, the injured worker complained of increased pain in her lower back that radiated down to both the lower extremities. She rated her pain an 8/10 and indicated that the pain was aggravated by any type of bending, twisting or turning. The injured worker quantified discomfort of the lower back about 70% in comparison to pain radiating down to both lower extremities, which was 30%. She also continued to complain of neck pain with associated cervicogenic headaches. The physical examination of the cervical spine revealed tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and suboccipital region. There were multiple trigger points and taut bands palpated. The range of motion of the cervical revealed flexion of 30 degrees, extension of 30 degrees, right and left lateral bending at 30 degrees, and right and left rotation of 60 degrees. The physical examination of the lumbar spine revealed normal lordosis with no evidence of scoliosis or increased thoracic kyphosis. There was tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. There were trigger points and taut bands with tenderness to palpation noted. The range

of motion of the lumbar spine revealed flexion of 45 degrees, extension of 15 degrees, and left and right lateral bending of 20 degrees. Sensory examination to Wartenberg pinprick wheel was decreased along the posterior lateral thigh and posterior lateral calf approximately at L5-S1 distribution bilaterally, left greater than right. The straight leg raise in the modified sitting position was positive on the left at 60 degrees. Current medications were noted to include Anaprox DS 550 mg, Prilosec 20 mg and Norco 10/325 mg. The treatment plan was to request a second transforaminal epidural steroid injection, outpatient therapy and continue with current medication regimen. The rationale for the request was not provided. The Request for Authorization form was 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 10M #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Flexeril 10M #60 is not medically necessary. California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted provided evidence that the injured worker had been on this medication for an extended duration of time. There was a lack of documentation of objective functional improvement. Additionally, the request as submitted indicated that the strength was 10 M. The request as submitted did not include the frequency for the requested medication. Given the above, the request is not medically necessary.