| Case Number: | CM15-0110231 | | |
|---|---|---|---|
| Date Assigned: | 06/16/2015 | Date of Injury: | 08/28/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

## 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
Certification(s)/Specialty: Emergency Medicine

## 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 29-year-old male, who sustained an industrial injury on 08/28/2014. He reported pain in his back while carrying a heavy bag at work. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having lumbosacral neuritis or radiculitis, sacroiliac ligament sprain/strain, and chronic myofascial pain. Treatment and diagnostics to date has included 6 physical therapy sessions with minimal progress, lumbar spine MRI that showed no significant lumbar spine pathology, and medications. In a progress note dated 03/31/2015, the injured worker presented with complaints of back pain that radiates into his leg and rates the pain 8 out of 10 on the pain scale. Objective findings include mild weakness during motor strength testing and paresthesias to light touch in right lateral leg. The treating physician reported requesting authorization for a lumbar corset, psychiatric evaluation, and retrospective Cyclobenzaprine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter (Online Version) Back Braces/Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As per ACOEM Guidelines, lumbar supports such as lumbar corset has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was being requested for chronic back pain. Lumbar corset is not medically necessary.

**Psychiatric evaluation to determine candidacy for entry and participation into the FRP (Functional Restoration Program):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** As per MTUS Chronic pain guidelines, certain criteria should be met before recommendation to a program. Patient does not meet a single criterion for recommendation. Patient has no noted significant pathology for back pain. MRI was benign and patient is not chronically on opioids. Patient is reportedly back to work. The request is not medically necessary.

**Retrospective request for Cyclobenzaprine HCL 7.5mg #60 (dispensed 02/24/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation (http:// www.odg-twc.com/odgtwc/pain.htm).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication in the past with no documented improvement. It is unclear if patient was still taking this medication or if this medication was restarted. There are no documented muscle spasms. The number of tablets requested is not consistent with short-term use for a flare. Flexeril is not medically necessary.