

Case Number:	CM15-0165968		
Date Assigned:	09/29/2015	Date of Injury:	02/12/2002
Decision Date:	11/10/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This is a 52 year old male who sustained a work related injury on 2-12-02. Medical record documentation for 7-27-15 indicated the injured worker was treated for lumbago, chronic lumbar strain and lumbar spinal stenosis. He reported increased low back pain discomfort for the previous few weeks. He had occasion numbness and tingling to the bilateral posterior thighs, left worse than right. Objective findings include no thoracic or lumbar spine or paraspinal tenderness, no spasm, right straight leg raise at 50 degrees and left straight leg raise at 60 degrees. He had bilateral patellar reflex 2+ - 2+ symmetric. He had a normal gait and was able to toe-walk. The injured worker estimated that his last lumbar MRI was in 1999. Medications included Flexeril since at least 11-10-14. A request for Flexeril 5 mg #30 and MRI of the lumbar spine were received on 7-31-15. On 8-11-15, the Utilization Review physician determined Flexeril 5 mg #30 and MRI of the lumbar spine were not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flexeril 5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for flexeril, or cyclobenzaprine, which is an antispasmodic used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The injured worker has been treated with flexeril far longer than recommended, and documentation provided for review does not give strong justification to deviate from the guidelines. Therefore, the medical benefit is lacking, and the request as submitted is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Surgical Considerations.

Decision rationale: The request is for MRI of the lumbar spine. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. Regarding the injured worker, while there is an increase in low back pain, there is no clear documentation of red flag findings or consideration for surgery. Therefore, the medical benefit is lacking, and the request as submitted is not medically necessary.

