

<b>Case Number:</b>	CM15-0063217		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 62 year old male, who sustained an industrial injury on 9/23/13. He reported left shoulder pain and back pain with radiation to bilateral lower extremities. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration and lumbar post laminectomy syndrome. Treatment to date has included L2-S1 fusion. Other treatment included physical therapy, aquatic therapy, acupuncture, an epidural steroid injection, and medications. A MRI obtained on 3/10/15 revealed disk degeneration at L1-2 with posterior disk protrusion and osteophyte ridge complex. Moderate bilateral foraminal narrowing was also noted. Currently, the injured worker complains of pain in the lumbar spine and left ankle. The treating physician requested authorization for Flexeril 5mg #90 with 5 refills and a lumbar epidural steroid injection at L1-2. A physician's report noted the treatment plan is to continue the current medication as prescribed without change. These medications included Flexeril 5mg, gabapentin 600mg, and Norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

**Decision rationale:** Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing leg weakness with several falls, left ankle pain, lower back pain with spasms, problems sleeping, and pain in both shoulders. The worker has a recorded history of multi-substance abuse. These records indicated the worker had been taking this medication for a prolonged amount of time, and there was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. There was no documented individualized risk assessment. The treatment recommendations also included an opioid medication and did not address the increased risks for recurrent substance abuse or complication of death with accidental or intentional overdose, which are associated with this combination. Further, the request is for medication for a large number of months, which would not account for changes in the worker's care needs. For these reasons, the current request for ninety tablets of Flexeril (cyclobenzaprine) 50mg is with five refills not medically necessary.

Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Lumbar epidural steroid injection (LESI) at right L1-L2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electro diagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing leg weakness with several falls, left ankle pain, lower back pain with spasms, problems sleeping, and pain in both shoulders. There was no documentation suggesting the worker had an active

radiculopathy at the time of the request. There also was no discussion describing special circumstances that sufficiently supported this request. The worker had had a prior injection, but these records did not demonstrate the above criteria. In the absence of such evidence, the current request for an epidural steroid injection at the right L1 level is not medically necessary.