

Case Number:	CM15-0077794		
Date Assigned:	04/29/2015	Date of Injury:	07/17/2000
Decision Date:	06/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York, West Virginia, Pennsylvania
 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 53 year old male, who sustained an industrial injury on July 17, 2000. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, chronic back pain, lumbar post-laminectomy syndrome, and lumbar radiculopathy. Treatment to date has included epidural steroid injections (ESIs) and medication. Currently, the injured worker complains of low back and left lower extremity pain. The Treating Physician's report dated March 25, 2015, noted the injured worker standing throughout the entire appointment due to pain, walking with a severe limp due to sciatic pain, with pain starting at the left mid thoracic level and traveling down his bilateral hips and buttock, with radiation down his left leg to his foot. The injured worker noted medications had been beneficial in controlling his pain with past injections very beneficial. The injured worker was noted to have had a L4-L5 transforaminal epidural steroid injection (ESI) in February with benefit noted with the sciatic pain. The injured worker's current medications were listed as Norco, Neurontin, Elavil, and Prilosec. Physical examination was noted to show positive straight leg raise, left worse than right with dysesthesia and hypoesthesia down the left leg to foot. A lumbar MRI was noted to show multilevel degenerative disc disease, worse at L4-L5 with left disc extrusion, displacing left L5, with mild spinal stenosis. The treatment plan was noted to include requests for authorization for continued coverage of the injured worker's chronic pain medication maintenance regimen, and a psychology referral for twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

Decision rationale: Guidelines state cyclobenzaprine is recommended for a short course of therapy, no longer than 2-3 weeks. In this case, there is no documentation of acute low back pain in a patient with chronic low back pain. The request for flexeril 10 mg #90 is not medically appropriate and necessary.

Robaxin 750 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines state that muscle relaxants such as Robaxin may be appropriate for acute low back pain in a patient with chronic low back pain. In this case, there is no documentation of acute low back pain. The request for Robaxin 750 mg #30 is not medically appropriate and necessary.