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**Notice of Independent Medical Review Determination**

Dated: 9/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

11/29/2005

7/17/2013

CM13-0001797

- 1) MAXIMUS Federal Services, Inc. has determined the requested Flexeril 10mg #60 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested Flexeril 10mg #60 is not medically necessary and appropriate.

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

“The patient is a 37 year old male with a date of injury of 11/29/2005. Under consideration are prospective requests for one prescription of Norco 7.5/325mg #60 and one prescription of Flexeril 10mg #60. This patient is under treatment for multiple injuries and has been diagnosed with facet syndrome, lumbar spondylosis, transitional facet syndrome, and was status post L4-5 and L5-S I laminectomy with instrumented fusion anterior and posterior. In review of the progress report from 6/18/2013 by Dr. [REDACTED] this patient reports back pain, burning, severe in late afternoon, relieved by resting with legs elevated and medications, symptoms has been existing for 7 years, symptoms are severe and aggravated by physical activity, relieved by medications, pain in bilateral lumbar region, starting on left side, associated pain and weakness in both legs, muscle spasms in low back and bilateral upper gluteals, intermittent, pain rated 7/10, specifically reports that with medications pain averages 0-1/10 at rest to 3-4/10 with activity around house, and increases more with more arduous activity. He reports no significant increase in left lumbar burning-type pain which originates in left lumbar L2-L4 paraspinal area and radiates bilaterally to lateral/upper gluteals where feels an uncomfortable sensation like there are 2 bags there, muscle spasms in these areas also. Regarding his current medication regimen, he indicates this continues to control pain so he can maintain increased function. Specifically regarding Norco, this medication reduces by by 20-60% within 40 minutes, lasting 3-4 hours, and is used as needed, not daily. Flexeril helps decrease muscle spasm, and he reports that his constipation is controlled with diet. Examination shows minimal lumbar extension with familiar pain on extension and extension with bilateral axial rotation, provoked increased lumbar pain and bilateral spasm in bilateral upper gluteal areas today, tenderness moderate at L2 to L4 paraspinal area, provokes burning type pain and muscle tone is increased, cranial nerves 1-12 intact and normal muscle tone.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/17/2013)
- Utilization Review Determination (dated 7/2/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

#### **1) Regarding the request for Flexeril 10mg #60:**

##### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 41 & 63, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

##### Rationale for the Decision:

The employee sustained a work-related injury on November 29, 2005 to the lumbar region. The medical records provided for the review indicate the diagnoses of facet syndrome, lumbar spondylosis, transitional facet syndrome, and status post L4-5 and L5-S-1 laminectomy with instrumented fusion anterior and posterior. Treatments have included TENS unit and medication management. The request is for Flexeril 10 mg #60.

The MTUS Chronic Pain guidelines indicate Flexeril is recommended as an option for a short course of treatment. The medical records submitted for review indicate Flexeril was first prescribed on 4/04/13 which exceeds the timeframe recommended by the guidelines. The request for Flexeril 10 mg #60 **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.