

Case Number:	CM13-0028413		
Date Assigned:	11/27/2013	Date of Injury:	11/18/2009
Decision Date:	08/07/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Emergency Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year-old male, who sustained an injury on November 18, 2009. The mechanism of injury occurred when an elevator door hit him. Diagnostics have included: March 24, 2012 lumbar spine MRI which was reported as showing L4-5 and L5-S1 disc degeneration with bilateral facet joint hypertrophy and right greater than left lateral recess stenosis. Treatments have included: December 2, 2013 L5-S1 lumbar epidural steroid injections, and medications. The current diagnoses are: L5-S1 disc degeneration, right L5 radiculopathy, and L5-S1 neuroforaminal narrowing. The stated purpose of the request for Flexeril was not noted, and was denied on September 11, 2013, noting that the medication is not medically necessary and that guidelines do not recommend sedating muscle relaxants. Per the report dated August 13, 2013, the treating physician noted complaints of low back pain with pain and numbness radiating to the lower extremities. Exam findings included lumbar tenderness, full muscle strength, decreased right L5 dermatomal sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG THREE TIMES A DAY BY MOUTH AS NEEDED FOR PAIN - QUANTITY: 60 TABLETS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) - CYCLOBENZAPRINE (FLEXERIL...) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66 Page(s): 63-66.

Decision rationale: MTUS Guidelines do not recommend muscle relaxants as more efficacious than nonsteroidal anti-inflammatory drugs (NSAIDs) and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain with lower extremity radiation and numbness. The treating physician has documented lumbar tenderness and decreased right L5 dermatomal sensation. It is unclear as to commencement of the prescription for this medication. The treating physician has not documented muscle spasms on exam, nor documented objective evidence of derived functional benefit from previous use. The criteria have not been met. As such, the request is not medically necessary.