

Case Number:	CM13-0044512		
Date Assigned:	02/03/2014	Date of Injury:	04/22/2011
Decision Date:	04/30/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 57-year-old male who reported an injury on 04/22/2011. The mechanism of injury was noted to be the patient reached out into a machine, twisted his body, and felt a pop in his low back. Recent documentation indicated the patient had burning, shooting pain down the back aspect of the left leg, wrapping around to the bottom of the heel laterally in his lateral foot, his pinky toe, and the bottom of his foot. The objective physical examinations revealed the patient had difficulty getting off and on the examination table, and had a positive straight leg raise on the left in the sitting and supine positions. The patient had increased leg pain with dorsiflexion. The patient had diminished extensor hallucis longus muscle motor function on the left. The left EHL was 4/5. The patient's medications were noted to be cyclobenzaprine, glucosamine, hydrocodone bit/APAP, Relafen, Cialis, Seroquel, and Butrans. The diagnoses included lumbar disc displacement without myelopathy and post laminectomy syndrome of the lumbar spine. The request was made for medication refills with the exception of Butrans, which was increased from 5 mcg/hr to 10 mcg/hr. The appeal on 11/19/2013 revealed the patient used Flexeril for lumbar spasms as needed. A previous examination revealed spasms and guarding in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide the duration of use through the submitted documentation. However, the request was for continued use of Flexeril per the Division of Workers' Compensation (DWC) form Request for Authorization. There was a lack of documentation indicating the patient had objective functional improvement with the use of the medication. Given the above, the request for Flexeril 10 mg #90 is not medically necessary.