

Case Number:	CM13-0045197		
Date Assigned:	06/09/2014	Date of Injury:	04/02/2012
Decision Date:	07/31/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 04/02/2012 due to unknown mechanisms. The injured worker complained of burning and stabbing pain to the lower back area. On physical examination dated 03/28/2014, there was tenderness upon palpation to the paravertebral muscles, spasm was noted on both sides, multiple tender points. The injured worker's diagnoses were unspecified myalgia and myositis, chronic pain, low back pain, cervicgia, and diabetes mellitus. The injured worker's medication was Flexeril 10 mg tablet, Lidoderm 5% patch, Lyrica 75 mg capsules, Lunesta 1 mg tablet. There were no past treatments or diagnostics provided with documentation. The treatment plan was for Flexeril 10 mg 1 tab 3 times a day, #90. Request for authorization form was not submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 tab 3 times daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic pain. Guidelines indicate Flexeril is recommended for a short course of therapy, but limited and mixed evidence does not allow for a recommendation for chronic use. The injured worker has a documented diagnosis of muscle strain, but no objective documentation supporting management of back pain. In addition, there is no documented pain scale to show the pain before medication, after medication, and how long the effects of the medication last. As such, the request for Flexeril 10 mg 1 tab 3 times daily #90 is not medically necessary.