

Case Number:	CM13-0053570		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2010
Decision Date:	03/21/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 physician 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 43 year old female who reported an injury on 10/11/2010. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the low back as well as other body parts. Previous treatments have included medications, H-wave therapy, physical therapy, and epidural steroid injections. The patient's medications included Flexeril 7.5 mg, Neurontin, and Lexapro. The patient's most recent clinical examination findings included a positive left-sided straight leg raising test with decreased sensation in the left foot, decreased range of motion of the lumbar spine with 10/10 pain in all planes with positive spasming. The patient's diagnoses included myofascial pain syndrome, chronic lumbar sprain/strain, and chronic lumbosacral radiculopathy. The patient's treatment plan included an epidural steroid injection and a prescription for Flexeril 7.5 mg 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested Flexeril 7.5 mg 3 times a day is not medically necessary or appropriate. The MTUS Guidelines recommend the use of muscle relaxants for short courses of treatment. Although the employee has moderate to severe pain and muscle spasming that may benefit from a muscle relaxant, the request as it is written would not be indicated. The request does not include a duration of treatment. Therefore, the intended length of need for this medication cannot be identified. Therefore, there is no way to determine whether the intended duration of treatment falls within the guideline recommendations of 2 to 3 weeks. As such, the requested Flexeril 7.5 mg 3 times a day is not medically necessary or appropriate.