

Case Number:	CM13-0058726		
Date Assigned:	12/30/2013	Date of Injury:	08/10/1993
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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 64-year-old who reported injury on August 10, 1993. The mechanism of injury was not provided. The injured worker's diagnosis included general osteoarthritis. The medication history included muscle relaxants as of April, 2013. The documentation of October 28, 2013 revealed the injured worker had previously taken Flexeril. Physical examination revealed facet tenderness on the right and SI joint tenderness on the right side. The extension was restricted and painful. The injured worker's diagnosis was chronic pain syndrome. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG, #60: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment 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. There should be documentation of objective functional

improvement. The clinical documentation submitted for review indicated the injured worker had been on the medication since April, 2013. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Flexeril 10MG, sixty count, is not medically necessary.