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| Case Number: | CM13-0062453 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/13/2006 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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, has a subspecialty in Sports 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 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 72-year-old male who reported an injury on 12/13/2006. The patient's medication history included Vicodin and Flexeril as of 2012. The mechanism of injury was not provided. The documentation of 12/05/2013 revealed that the physician was writing an appeal to a noncertification for Flexeril. The physician indicated the patient was status post surgery for low back. The patient had low back pain. The physician indicated the patient used Flexeril once a day and the medication was not overused. The physician opined it was necessary for the patient's symptomatic relief and allowed the patient to perform activities of daily living and perform a home exercise program. It was indicated the patient got spasms otherwise. The patient's diagnosis was lumbar/lumbosacral disc degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG, #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. While it was indicated the patient was able to perform activities of daily living and a home exercise program, and the medication was necessary for the patient's symptomatic relief, there is a lack of documentation of objective functional improvement. There was a lack of documentation indicating the necessity for 2 refills without re-evaluation. Given the above, the request for 1 prescription of Flexeril 10 mg #30 with 2 refills is not medically necessary.