

Case Number:	CM13-0065929		
Date Assigned:	01/03/2014	Date of Injury:	11/07/1992
Decision Date:	05/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/15/2013

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 Ohio. 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 57-year-old male with a history of a work injury on 11/07/92 while working as a nurse. The injured worker was transferring a patient to a table when the patient lost consciousness and the injured worker fell. This resulted in injuries to the neck, left shoulder and low back. The patient has undergone multiple treatments for his injuries including physical therapy, heat/ice, TENS, epidural injections, facet injections, cervical fusion at C5-C7 and surgery for thoracic outlet syndrome. The patient has also been treated with pain medications for many years. The patient currently has complaints of ongoing neck pain and back pain. The current findings included reduced cervical range of motion, reduced sensation in the left hand, and reduced deep tendon reflexes (DTRs) in the upper extremities. He is currently taking Flexeril, Neurontin and Percocet for pain. A request for a refill of Flexeril 10mg #60 was determined to be partially certified at the utilization review (UR).

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. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ODG-TWC PAIN PROCEDURE SUMMARY (LAST UPDATED 10/14/2013).

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

Decision rationale: The Chronic Pain Guidelines recommend non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Effectiveness appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The Guidelines indicate that Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. According to the Guidelines, Flexeril is not recommended to be used for longer than two to three (2-3) weeks. The medical records submitted for review show that the injured worker has utilized Flexeril for many months. Since Flexeril is only recommended for short-term use, in this case the continuation of Flexeril is not medically necessary.