

Case Number:	CM13-0069706		
Date Assigned:	01/03/2014	Date of Injury:	11/26/2012
Decision Date:	05/27/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 61-year-old male who reported an injury on 11/26/2012 due to a slip and fall. The injured worker reportedly sustained an injury to his neck, low back, and right hip. The injured worker's treatment history included lumbar decompression surgery in 2004 and right hip replacement in 2005. The injured worker's chronic pain was managed with multiple medications to include opioids, anticonvulsants, anti-inflammatories, and topical analgesics. The injured worker was evaluated on 11/27/2013. It was documented that the injured worker had ineffective pain control with medications and had been missing several days of work due to pain. Physical findings included restricted range of motion of the cervical spine secondary to pain, restricted range of motion of the lumbar spine secondary to pain, restricted internal rotation of the right hip secondary to pain. The injured worker's diagnoses included cervical radiculopathy, disc disorder of the lumbar spine, cervical pain, lumbar radiculopathy, and hip pain. It was documented that the injured worker had not received any relief with Soma. Therefore, a trial of Flexeril was prescribed for muscle spasm. Additional treatment recommendations included continuation of physical therapy, the use of a transcutaneous electrical nerve stimulation (TENS) unit, continuation of Neurontin, Norco and Duragesic patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG TAB, QTY: #60.00: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for chronic pain. The California Medical Treatment Utilization Schedule recommends the use of muscle relaxants be limited to short durations of treatment not to exceed 2 to 3 weeks. The clinical documentation submitted for review does not indicate that the medication is being requested for an acute exacerbation of chronic pain. Additionally, the requested 60 tablets exceeds the duration of treatment recommended by California Medical Treatment Utilization Schedule. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the request as it is submitted does clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 10 mg tablets, QTY: #60, is not medically necessary or appropriate.