

Case Number:	CM14-0000812		
Date Assigned:	01/17/2014	Date of Injury:	07/31/1995
Decision Date:	10/01/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 Illinois. 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 female who reported an injury on 07/31/1995 secondary to an unknown mechanism of injury. A letter of appeal dated 02/25/2014 stated that the injured worker used multiple medications to control her chronic pain. It was noted that Flexeril was used to control spasms, which assisted to control pain. According to this letter, the injured worker reported that she found it helpful to control pain. It was requested that her medications be reconsidered for the injured worker to improve quality of life. A request was submitted for Flexeril 10 mg #120. There were no other medical records submitted for review. The documentation submitted for review also failed to provide a Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg# 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), Page(s): 63-64.

Decision rationale: The MTUS Chronic Pain Guidelines may recommend non-sedating muscle relaxants such as Flexeril with caution as a second line option for short term treatment of acute

exacerbations in patients with chronic low back pain. These guidelines also state that antispasmodic muscle relaxants such as Flexeril are not recommended for use longer than 2 to 3 weeks. It was noted that the injured worker reported the injury on 07/31/1995. Medical records submitted for review failed to indicate the duration of treatment with Flexeril. The injured worker reported that she found Flexeril helpful to control pain. There is a lack of documented evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Flexeril. Furthermore, the documentation submitted for review failed to provide a recent clinical examination to indicate that the injured worker's current clinical presentation would benefit from the use of Flexeril. Based on the evidence-based guidelines for treatment duration with Flexeril, and the absence of recent documentation of subjective or objective findings, continued use of Flexeril is not warranted at this time. As such, the request for Flexeril 10 mg #120 is not medically necessary.