

Case Number:	CM14-0003198		
Date Assigned:	01/31/2014	Date of Injury:	11/06/2012
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 30-year-old female who reported an injury on 11/06/2012. Medication history included buprenorphine, Flexeril, naproxen, and Topamax as of 03/2013. The mechanism of injury was the injured worker was struck in the upper back by falling boxes. The documentation of 12/09/2013 revealed the injured worker had tenderness to palpation at the lumbosacral junction with muscle tension extending up into the midback region. The injured worker had decreased range of motion. The treatment plan included capsaicin 0.075% cream, Lidoderm 5% patch, and Flexeril 7.5mg by mouth daily as needed #30 as well as Ambien 5 mg 1 tablet at bedtime. The diagnoses included lumbar sprains and strains.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FLEXERIL, 64

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back. 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 utilizing the medication since early 2013. There was a lack of documentation of objective functional improvement. Given the above, the request for Flexeril 7.5 mg #30 is not medically necessary.