

Case Number:	CM14-0005812		
Date Assigned:	02/05/2014	Date of Injury:	04/11/2010
Decision Date:	10/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 injured worker is a 53 year old female who had a work related injury on 04/11/10. While in the stock room, she was sitting on a rolling chair doing inventory, using the computer, the chair broke. It slipped, twisted, and she fell right on her right buttocks, striking the right side of her chest, left foot, and ankle. Because of continuing symptoms she had MRI revealing discogenic disease at L4-5 and was recommended conservative treatment chiropractic. She also had some trigger point injections in the muscles of her back. She had EMGs of her lower extremities on 12/06/10 which was normal. She had sacroiliac joint injections in 2011 which helped for two weeks. She had epidural injection with benefit of two to three weeks. MRI of cervical spine dated 05/20/13 revealed mild reversal of the normal cervical curvature apex at C4-5. C4-5 there was disc desiccation, moderate disc height loss, and broad based 3mm central right paracentral disc protrusion contacting the ventral cord and contributed to mild central canal narrowing. C5-6 there was disc desiccation, mild disc height loss mild annular bulging and endplate ridging. At C2-3 there was disc desiccation, there was no focal disc herniation. There was no central canal narrowing and no neural foraminal narrowing. Most recent clinical documentation submitted for review was dated 12/16/13 cervical epidural was never authorized. She had increased pain in the left trapezius. Back pain with occasional numbness in the legs. Took medications with benefit. Currently not working. Physical examination positive negative Spurling. Positive straight leg raise on the left on the bilaterally decreased sensation right foot, decreased range of motion of neck and back by 10% in all planes. No skin lesions. Strength and reflexes are normal in bilateral upper extremities. Prior utilization review on 12/30/13 was non-certified. Current request was for Flexeril 7.5mg three times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG 3X DAY #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.