

Case Number:	CM14-0006098		
Date Assigned:	03/03/2014	Date of Injury:	12/20/2010
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
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 Anesthesiology has a subspecialty in Pain Management 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is an employee of [REDACTED] and has submitted a claim for lumbar post laminectomy syndrome, muscle spasm, lumbago associated with an industrial injury date of December 20, 2010. Treatment to date has included oral, topical and parental analgesics, lumbar surgery, physical therapy, lumbar support, home exercises, TENS, and trigger point injections. Medical records from 2012 to 2013 were reviewed and showed complaints of severe flare-up of low back pain with muscle spasm reportedly due to initiating exercise activity secondary to lumbar surgery. Physical examination showed tenderness over the right posterior superior iliac spine and significant limitation of motion of the lumbar spine. The patient is currently taking Percocet 10/325mg six to seven per day due to the flare-up of pain and neurontin 600mg BID for neuropathic pain were also taken. Toradol IM was also given for the pain; while Flexeril 7.5mg was increased from BID to TID for acute muscle spasm, but not to be taken daily. Diagnoses include post laminectomy syndrome and back pain with muscle spasms. Utilization review dated January 8, 2014 denied the request for Flexeril 7.5 mg BID #90 because the guidelines recommend short-term use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG BID QUANTITY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 63-64.

Decision rationale: Pages 63-64 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has severe flare-up of low back pain with muscle spasm. He has been taking Flexeril as far back as back as November 2012 for muscle spasm; however, the response to its intake was not discussed. The guidelines recommend muscle relaxants for short-term use only. The medical necessity has not been established. Therefore, the request for Flexeril 7.5mg Bid # 90 are not medically necessary.