

Case Number:	CM14-0109413		
Date Assigned:	08/01/2014	Date of Injury:	07/28/2008
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported an injury on 07/28/2009. The mechanism of injury was not provided. The diagnostic studies included the injured worker underwent multiple MRIs of the lumbar spine and x-rays. The injured worker underwent a lumbar fusion at L4-5 and L5-S1 on 09/22/2011. The prior treatments included epidural steroid injections, therapy, and medications. The medical history included Flexeril as of at least 07/2013. The documentation of 04/07/2014 revealed the injured worker had complaints of back pain radiating to the bilateral legs. The injured worker was noted to have pain of 7/10 with medications. The medications were noted to include hydrocodone/APAP 10/325 mg one and a half tablets 4 times a day, and Flexeril 10 mg 1 daily. The physical examination revealed the injured worker had decreased range of motion with back pain. The injured worker was noted to be neurologically/psychologically intact. The diagnoses included disc displacement, lumbar without myelopathy, degeneration of lumbar disc, and postlaminectomy syndrome of the lumbar region. The treatment plan included a continuation of Norco and cyclobenzaprine at current levels as it maximized the injured worker's functional capacity. The subsequent documentation dated 07/10/2014 revealed the injured worker had gotten a non-certification for cyclobenzaprine. The injured worker indicated that pain continued at 7/10 with medications and was stabbing and burning, shooting, and was in the low back. The injured worker was noted to undergo a urine toxicology screen. The documentation indicated the injured worker did not exhibit aberrant drug related behavior or any significant side effect profile to currently prescribed opioid therapy by any route. The documentation indicated the injured worker's activities of daily living were reflective of a total pain related impairment score of 48. This was noted to be moderately severe impairment. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. 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 taking medications for almost 1 year. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg quantity 120 is not medically necessary.