

Case Number:	CM14-0010338		
Date Assigned:	02/21/2014	Date of Injury:	08/27/2013
Decision Date:	06/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/24/2014

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 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 injured worker is a 55-year-old female who reported an injury on 08/27/2013 due to blunt force trauma to the head with a loss of consciousness. The injured worker's treatment history included multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 12/06/2013. It was documented that the injured worker had pain complaints ranging from a 3/10 to 8/10 as responsive to medication usage. Objective findings included limited range of motion of the cervical spine and tenderness to palpation over the trapezius and paravertebral musculature bilaterally. The injured worker's diagnoses included post-concussion syndrome, cognitive deficits, cervical spine strain and thoracic sprain. The injured worker's treatment plan included a 30 day trial of a home use of a TENS unit and a refill of medications to include Motrin and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #60: Upheld

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

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

Decision rationale: California MTUS recommends the short term use of muscle relaxants to be limited to 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation indicates that the injured worker has been on this medication since at least 09/2013. This exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Flexeril 10 mg #60 is not medically necessary or appropriate.