

Case Number:	CM14-0010690		
Date Assigned:	02/21/2014	Date of Injury:	05/26/1999
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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 Family Practice 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 47 year old male who sustained an injury on 05/26/99. No specific mechanism of injury was noted. The injured worker had been followed for ongoing chronic low back pain for which he was taking multiple medications including Norco, tramadol, and Flexeril. As of 12/04/13 the injured worker continued to report chronic low back pain ranging from 4-6/10 on VAS. The injured worker reported his pain was improved to 3/10 with medications. On physical examination the injured worker demonstrated some slight restriction in lumbar range of motion with tenderness to palpation in the lumbar spine. The injured worker was recommended to continue with Norco and tramadol at this visit. Follow up on 01/06/14 noted pain scores were relatively unchanged. It did not appear that the injured worker was utilizing Flexeril at this visit. The injured worker ambulated with a normal gait. There was continuing tenderness to palpation in the lumbar spine. A qualitative urine drug screen was consistent with prescribed medications. The injured worker was continued on Norco and tramadol at this visit. Follow up on 02/05/14 again noted unchanged pain scores with pain reduced to 3/10 on VAS with medications. Physical examination remained unchanged. The injured worker as recommended to continue Norco and tramadol for pain control at this visit. The requested Flexeril 10mg quantity 90 was denied by utilization review on 01/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG QTY: 90.00: 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): 63-67.

Decision rationale: It is noted that Flexeril was modified for quantity of 30 on the prior utilization review report. This amount of Flexeril was recommended to allow for tapering and discontinuation. The clinical documentation submitted for review did not note any recent use of Flexeril. As of 12/04/13, the injured worker was only recommended to continue with tramadol and Norco for pain. Given the lack of any clinical indications that the injured worker should have continued with Flexeril through February of 2014, which was the last clinical note available for review, the request is not medically necessary.