

Case Number:	CM14-0012301		
Date Assigned:	02/21/2014	Date of Injury:	11/18/2012
Decision Date:	07/03/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 32-year-old female who reported an injury on 11/18/2012. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 01/08/2014, the injured worker reported pain which was constant in frequency and moderate to severe in intensity. She rated her pain 5/10 in severity. She described the pain as sharp, throbbing, and shooting with pins and needles sensation. Upon examination of the lumbar spine, the provider noted the range of motion to forward flexion was 45 degrees and extension was 10 degrees. The provider noted no sciatic notch tenderness, no gluteal spasm, and no piriformis spasm. The injured worker had a positive straight leg raise on the right in the seated position and supine position was 45 degrees. The provider noted diminished sensation in the left L5 and S1 dermatomes in the lower extremity, deep tendon reflexes were symmetric at 2+/4 in the bilateral lower extremities, but 1/4 in the ankle. The diagnoses included displacement of the lumbar intervertebral disc without myelopathy, post-laminectomy syndrome of the lumbar region, and chronic pain syndrome. The provider requested for Flexeril 7.5 mg by mouth twice a day as needed #60; however, a rationale was not provided for review within the documentation. Additionally, the request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG, PO BID PRN QTY: 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): 63,64.

Decision rationale: The request for Flexeril 7.5 mg PO BID PRN QTY: 60 are not medically necessary. The injured worker complained of pain which was constant in frequency and moderate to severe in intensity. She rated her pain 5/10 which she described as sharp, throbbing, and shooting with pins and needles sensation. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used longer than 2 to 3 weeks. The guidelines note muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Guidelines note efficacy appears to diminish over time and prolonged use of the medication in this class may lead to dependence. There was a lack of objective findings indicating the injured worker to have muscle spasms. Additionally, the injured worker had been utilizing the medication for an extended period of time since at least 01/2014 which exceeds the guidelines recommendation of short-term use of 2 to 3 weeks. Therefore, the request for Flexeril 7.5 mg PO BID PRN QTY: 60 are not medically necessary.