

Case Number:	CM14-0013873		
Date Assigned:	02/21/2014	Date of Injury:	07/10/2006
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 56 year old female who reported an injury on 07/10/2006 due to an unknown mechanism. The clinical note dated 01/28/2014 indicated diagnoses of discogeniclubar condition with radiculopathy and elements of sleep and stress. The injured worker reported shooting pain down the leg more on the left than the right with spasms. She reported the pain was worse with activites and was better with rest. On physical exam, there was tenderness to palpation along the lumbosacral area. The lumbar spine range of motion revealed flexion was 20 degrees, extension was 5 degrees, and tilting was 5 degrees. There was tenderness along the lumbosacral area with spasms and reflexes were absent. The straight leg raise caused "quite a disability at 60 degrees more on the left than on the right." The injured worker could not do Milgram's test. The injured worker's medication regimen included Vicodin and Diclofenac. The request for authorization was submitted on 10/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF FLEXERIL 7.5 MG #60 ON 12/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE (FLEXERIL®, AMRIX®, FEXMID_i, GENERIC AVAILABLE),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle relaxants for pain Page(s): 63.

Decision rationale: The request for retrospective prescription of flexeril 7.5mg #60 on 12/19/2013 is non-certified. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is lack of evidence indicating the use of a first-line option such as NSAIDs. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least 08/20/2012, this time frame exceeds the time frame to be considered short-term use. In addition, the efficacy of the medication was unclear. Therefore, per the California MTUS Guidelines, the request for retrospective prescription of flexeril 7.5mg #60 dispensed on 12/19/2013 is not medically necessary and appropriate.

PROSPECTIVE PRESCRIPTION OF FLEXERIL 7.5 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle relaxants for pain Page(s): 63.

Decision rationale: The request for prospective prescription of Flexeril 7.5mg #60 is non-certified. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is lack of evidence indicating the use of a first-line option such as NSAIDs. In addition, the documentation provided indicates the injured worker has been prescribed muscle relaxants since at least 08/20/2012. This time frame exceeds the time frame to be considered short-term of 3 weeks. Therefore, per the California MTUS Guidelines, the request of Flexeril 7.5mg #60 is not medically necessary and appropriate.