

Case Number:	CM14-0112187		
Date Assigned:	09/16/2014	Date of Injury:	02/04/2014
Decision Date:	10/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 31-year-old man who sustained a work-related injury on February 4, 2014. Subsequently he developed chronic back pain. According to a progress note dated on June 12, 2014, the patient was complaining of constant back pain with numbness and tingling radiating to the left leg. His pain increased with walking and repetitive movements. According to a note progress note dated on August 28, 2014, the patient was complaining of lumbar spine pain with numbness and tingling in the left leg mostly at night. His physical examination demonstrated lumbar tenderness with pain on flexion and extension. The provider requested authorization to use Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg # 30: 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: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute

exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. In this case, there is no documentation that the patient developed muscle spasm. Therefore, the request for Flexeril 10mg # 30 is not medically necessary.