

Case Number:	CM14-0121617		
Date Assigned:	08/06/2014	Date of Injury:	02/07/2013
Decision Date:	09/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/01/2014

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 Pain 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 43-year-old female smoker who reported an injury while trying to support a falling individual on 02/07/2013. On 06/07/2014, her diagnoses included lumbosacral strain with right greater than left lumbar radiculopathy, thoracic strain, cervical strain, cervicogenic headaches, and chronic pain syndrome with significant secondary depression due to the above diagnoses. Her complaints included lumbosacral pain radiating into her posterolateral thighs and calves. Pain was exacerbated with sitting, standing, lifting, pushing or pulling and the pain was eased by medication. She further complained of neck pain and midback pain between the shoulder blades. She was reporting headaches because of pain in the neck and back, occurring 1 to 4 times a week. She also exhibited signs and symptoms of anxiety and depression because of her chronic pain. On 11/06/2013, her medications included lorazepam, omeprazole, metformin, Cymbalta, Norco, Flexeril, and Lipitor. There were no dosages indicated for any of the above medications. The rationale for the requested Flexeril was stated that it was needed for pain and muscle spasm because of increasing right leg cramping. A Request for Authorization dated 06/25/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC (Official

Disability Guidelines- Treatment in Workers' Compensation), Pain Procedure Summary (updated 5/15/14): Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Flexeril 10mg (quantity unspecified) is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Flexeril, per se, is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. Utilizing a medication that is a central nervous system depressant in a patient who has depressive symptoms should be done advisedly. The submitted documentation revealed that this injured worker had been using Flexeril since 11/16/2013, which exceeds the recommendations in the guidelines of 2 to 3 weeks. Additionally, the request did not specify a quantity nor frequency of administration. Therefore, this request for Flexeril 10mg (quantity unspecified) is not medically necessary.