

Case Number:	CM14-0122363		
Date Assigned:	09/23/2014	Date of Injury:	04/06/1986
Decision Date:	10/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/04/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 65-year-old female who reported an injury on 04/06/1986. The mechanism of injury was a slip and fall. The diagnoses include status post cervical fusion, status post posterior lumbar interbody fusion, adjacent level disc disease, facet arthrosis, failed back syndrome, neuroma, and right hip bone graft harvest site. The previous treatments included surgery, medication, and physical therapy. Within the clinical note dated 07/10/2014, it was reported the injured worker complained of left sided neck pain, left sided lower back pain, left shoulder pain, and left hip pain. She rated her pain 8/10 in severity without medication. Upon the physical examination of the lumbar spine, the provider noted the injured worker had restricted range of motion with extension, right lateral bending, and left lateral bending. The request submitted is for Flexeril. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 5 refills: 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 patient is a 55 years old female with an injury date on 11/05/2012. Based on the 07/07/2014 progress report, the patient complains of moderate left wrist and thumb pain. Physical exam reveals a well healed scar in the midvolar aspect of the forearm that is nontender and pliable. Range of motion of the thumb was "excellent." There were no other significant findings noted on this report. The utilization review denied the request on 09/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/27/2013 to 07/07/2014.