

Case Number:	CM14-0124664		
Date Assigned:	08/08/2014	Date of Injury:	02/22/2013
Decision Date:	09/18/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old male was reportedly injured on February 22, 2013. The mechanism of injury is noted as catching somebody who was falling down the stairs. The most recent progress note, dated July 10, 2014, indicates that there are ongoing complaints of low back pain. Current medications were stated to include Norco, Flexeril, Prilosec, and Neurontin. Pain is stated to be 6/10 without medications and 3/10 with medications. No physical examination was performed. Diagnostic imaging studies of the lumbar spine noted disc protrusions at L3-L4 and L4-L5 compromising the left-sided L5 nerve root. As well as a disc protrusion at L5-S1 deflecting the right-sided S1 nerve root. Previous treatment includes SI joint injections epidural steroid injections. A request had been made for Flexeril and was not certified in the pre-authorization process on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2010 Revision, Web Edition Page(s): 22, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66 of 127.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. Additionally a prescription for 90 tablets with three refills does not indicate short-term episodic usage. For the above reasons this request for Flexeril is not medically necessary.