

Case Number:	CM14-0132729		
Date Assigned:	08/22/2014	Date of Injury:	09/14/2008
Decision Date:	09/18/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/19/2014

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 Texas. 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:

Medical records reflect the claimant is a 43 year old male with a work related injury on 9-14-08. On this date, the claimant tried to move a hydraulic hose by pulling and strained his lower back. The claimant now has a diagnosis of chronic intractable pain with "RSD" (Reflex Sympathetic Dystrophy Syndrome) of the left lower extremity. The claimant could not tolerate Suboxone and went to the ER for severe swelling of his foot and leg. The claimant was placed on Fentanyl patches. Most recent office visit notes the claimant ambulates with a cane. He has bluish and dark discoloration with 1+ swelling of the left lower extremity. He has hypersensitivity and Allodynia below the left knee. The claimant has moderate and tenderness to the lumbar spine. SLR (Straight Leg Raises) is positive on the left. The claimant has had a SCS (Spinal Cord Stimulator) implant. The claimant was provided a refill for fentanyl patches and Dilaudid as well as Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter - muscle relaxants.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG notes recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low Back Pain). It is also noted that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Furthermore, there is an absence in documentation noting that this claimant has muscle spasms that would support the use of this medication. Additionally, he has a history of some illicit drug use and was recently in a detox facility. Therefore, the request of Flexeril 10mg #60 is not medically necessary and appropriate.