

Case Number:	CM14-0133390		
Date Assigned:	08/29/2014	Date of Injury:	10/28/2005
Decision Date:	09/26/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 55 year old female who reported an injury on 10/28/2005. The injury reportedly occurred when she hit the floor and ceiling of an airplane during turbulence. Her diagnoses included lumbar sprain/strain, degeneration of the lumbar intervertebral discs and lumbosacral radiculitis. Her past treatments included injections, pain medications, and muscle relaxants. The diagnostic exams were not included in the clinical notes. The injured workers' surgical history included a rhizotomy on 02/17/2014. She complained of a pain rating of 8/10 and difficulty walking. The physical exam on 08/04/2014 revealed tenderness to palpation to the lumbar spine and spasms. Also, there was tenderness to palpation of the right hip and a positive Faber's test. She rated her pain with medications at 7/10 and 9/10 without medications. The effectiveness of the medications was noted to last approximately 2 hours. Her medications included Ambien, Norco, Neurontin, and Flexeril 10mg 1-2 a day. The treatment plan included Flexeril 10mg and physical therapy. The rationale for request was not indicated in the clinical notes. The Request for Authorization was signed and submitted on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasmodics Page(s): 64.

Decision rationale: The request for Flexeril 10mg is not medically necessary. The California/MTUS guidelines recommend Flexeril as a short term therapy option for chronic pain, and specify that the addition of Flexeril to other agents is not recommended. Flexeril should be used for 2 to 3 weeks and should not be used for chronic conditions. According to the clinical notes the injured worker has been prescribed Flexeril since at least 06/06/2014 which exceeds the recommended treatment time of 2 to 3 weeks. Also there was no evidence of efficacy with objective patient improvement to support the continued use of the medication. As such, as there was no evidence of improvement and the use of the medication exceeds the recommended treatment time, the request is not supported. Additionally, the request, as submitted, did not specify a quantity nor frequency of use. Therefore, the request for Flexeril 10mg is not medically necessary.