

Case Number:	CM14-0136386		
Date Assigned:	09/03/2014	Date of Injury:	05/16/2011
Decision Date:	10/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/25/2014

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 51-year-old gentleman was reportedly injured on May 16, 2011. The mechanism of injury was noted as falling approximately 5 feet off a ladder. The most recent progress note, dated July 16, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. The physical examination revealed the patient with an antalgic gait favoring the left lower extremity and decreased lumbar spine range of motion. There was tenderness throughout the lumbar spine paraspinal muscles with spasms. There was also decreased sensation at the left L5 nerve distribution and a decreased left Achilles reflex. There was a positive left-sided straight leg raise test. Diagnostic nerve conduction studies indicated a radiculopathy of the left L5 and S1 dermatomes. Previous treatment included lumbar spine epidural steroid injections. A request had been made for Flexeril 10 mg and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG (QUANTITY INCLUDES 2 REFILLS) QUANTITY REQUESTED:
90.00:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009): Muscle relaxants (for pain) Page.

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. Additionally, prescription of 90 tablets with two refills does not indicate short-term episodic usage. For these reasons, this request for Flexeril is not medically necessary.