

Case Number:	CM14-0138835		
Date Assigned:	09/05/2014	Date of Injury:	06/05/2001
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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 63 year-old male was reportedly injured on 6/5/2001. The most recent progress note is the utilization review, dated 8/22/2014, indicates that there were ongoing complaints of neck pain, low back pain. No current treatment records were submitted for review; therefore, the utilization review dated 8/21/2014 was used. The physical exam summary states Achilles tendon reflex 1+. Trigger point tenderness over the left L4-5 and L5-S-1 lumbar paraspinal. Pain with lumbar flexion and extension. Straight leg raise elicits low back pain. No recent diagnostic studies are available for review. Previous treatment includes previous lumbar surgery, medications, H-wave device, and conservative treatment. A request had been made for Flexeril 7.5 mg #120 and was not certified in the pre-authorization process on 8/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request for Flexeril 7.5 mg, #120 is not medically necessary.