

Case Number:	CM14-0153599		
Date Assigned:	09/23/2014	Date of Injury:	05/31/2005
Decision Date:	10/31/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine and is licensed to practice in California. 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 patient states that on May 31, 2005, during the course of employment, he was inspecting the liquids of a forklift. As he bent down while opening the lid of the forklift the lid fell and struck his head. He lost consciousness for a couple of seconds, and had blurry vision, and experienced immediate pain to his head. The injured worker's diagnoses included cervical disc disease with disc protrusions and cord compression. On August 13, 2014, the patient returned for a follow-up exam with worsening symptoms. Physical examination showed cervical spine pain, stiffness, weakness and numbness. There was a history of muscle spasms being helped by the use of a TENS unit. Examination findings are positive for spasm and tenderness to palpation. There was evidence of recent physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, QTY: 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 For Chronic Pain Page(s): 63.

Decision rationale: Flexeril 7.5 mg #60 is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants (Flexeril) with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond non-steroidal anti-inflammatories in pain and overall improvement. Also, there is no additional benefit shown in combination with non-steroidal anti-inflammatories. Additionally, efficacy appears to diminish over time and prolonged use of some medicines in this class may lead to dependence. Flexeril is recommended in a short course of therapy. There is no clinical documentary support for Flexeril #60 in a patient with chronic low back pain (dating back to 2005). Based on the clinical information available in the medical record in conjunction with the CA MTUS, this request is not medically necessary.