

Case Number:	CM14-0155993		
Date Assigned:	09/25/2014	Date of Injury:	01/08/2001
Decision Date:	10/27/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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:

This injured worker's date of injury is 01/08/2001. The original injury occurred as a result of a movement involving bending and twisting. This patient receives treatment for chronic low back pain. A lumbar MRI in 2013 shows degenerative lumbar disc diseases at L4-L5 and facet joint disease. There is clinical and electrophysiologic evidence of an right sided radiculopathy at L5. The patient underwent bilateral epidural steroid injections in 2013. Medications include: Voltaren XR, tramadol, Flexeril, Norco, and Cymbalta. The patient received acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Flexeril is classified as a muscle relaxant, specifically an antispasmodic. Muscle relaxants may be medically indicated as a second line agent for the short-term treatment

of acute exacerbations of chronic low back pain. Based on the documentation, Flexeril is not medically indicated for this patient with chronic low back pain.

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: Back braces may be medically indicated to treat cases of spinal fractures, spondylolisthesis, or instability. This patient does not have any of these indications. Braces are for the short term management of low back disorders. This patient has chronic low back pain lasting many years. The back brace is not medically indicated.