MAXIMUS Federal Services

Case Number:	CM14-0156314		
Date Assigned:	09/25/2014	Date of Injury:	01/26/2007
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 41-year-old female who reported an injury on 01/26/2007. The diagnosis included lumbago. The mechanism of injury was not provided. The surgical history included an L4-5 laminectomy. The documentation of 07/29/2014 revealed the injured worker had persistent lumbar pain, minimal radiating leg pain and post laminectomy listhesis. Physical examination revealed the injured worker had subtle weakness of the left EHL (Extensor Hallucis Longus) at 4+/5 to 5-/5, which was stable. The diagnosis included chronic narcotic use with stable pain and status post right hemilaminectomy with facet removal and subsequent degeneration or post laminectomy listhesis of L4-5. The treatment plan included Norco 120 per month with 4 refills and Flexeril #30 with 2 refills. The injured worker indicated she had increasing spasms and had trialed Flexeril previously which had been beneficial. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. The use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication and had benefit. However, there was a lack of documentation of objective functional benefit. The request included 2 refills which would not be supported as the medication is recommended for less than 3 weeks. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg #30 with 2 refills is not medically necessary.