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| Case Number: | CM14-0159092 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 07/03/2012 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 is a 47 year old female who was injured on 7/3/2012. The diagnoses are low back, neck and left shoulder pain. There are associated diagnoses of myofascial pain syndrome and irritable bowel syndrome. The patient completed PT, psychotherapy, acupuncture and home exercise program. On 8/13/2014, [REDACTED] noted subjective complaint of pain scores of 6/10 with medications and 9-10/10 without medications on a scale of 0 to 10. There were objective findings of tender paraspinal muscle spasm. The medications are Duragesic patch and Vicodin for pain, Colace for constipation and Flexeril for use only during flare ups of muscle spasm. The urine drug screen (UDS) from November 2013 was reported as consistent. A Utilization Review determination was rendered on 9/22/2014, recommending non certification for Flexeril 5mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 tablets of Flexeril 5mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and PT Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back Pain

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend that muscle relaxants can be utilized for short term treatment of acute exacerbation of musculoskeletal pain that did not respond to NSAID and PT. The records indicate that the patient completed physical treatment and medications management. There is a documented history of recent exacerbation of musculoskeletal pain. The Flexeril is being utilized only as needed during exacerbations of painful muscle spasm. The criteria for the use of Flexeril 5mg #20 was met.