

Case Number:	CM14-0169115		
Date Assigned:	10/17/2014	Date of Injury:	12/03/2013
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 is a 52-year-old female with a date of injury of 12/03/2013. The listed diagnoses per [REDACTED] are: 1. Low back pain. 2. Right L4-L5 radiculitis. 3. Possible lumbar discogenic pain. 4. Numbness. 5. Myofascial pain. 6. Annular tear at L4-L5 and L5-S1. According to progress report 10/22/2014, the patient presents with low back and extremity pain. Patient's current medication regimen includes Norco, Nucynta, Flexeril, and Cymbalta which provides "good benefit and no side effects." She states her pain levels are 10/10 without medication and down to 5/10 to 6/10 with medications. Examination of the lumbar spine revealed tenderness in the paraspinal muscular muscles bilaterally. She has decreased range of motion in flexion and extension. Reflexes of the lower extremity are 2+ and strength is 5/5. Request for authorization from 10/24/2014 requests Flexeril 10 mg #60. Utilization review denied the request on 10/02/2014. Treatment reports from 12/16/2013 through 10/22/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, 1 tab as needed, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low back pain. Request for authorization from 10/24/2014 requests Flexeril 10mg, 1 tab as needed, #90. Utilization Review states that this is a request for Flexeril 10 mg, 1 tablet as needed, #90. The MTUS Guidelines page 63 do not recommend long term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. In this case, the medical records indicate that the patient has been prescribed Flexeril since at least 09/23/2014. Given this medication has been prescribed for long term use; therefore, this request is not medically necessary.