

Case Number:	CM14-0181518		
Date Assigned:	11/06/2014	Date of Injury:	12/23/2010
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 and Rehabilitation 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 63 year-old patient sustained an injury on 12/23/10 while employed by [REDACTED]. Request(s) under consideration include Flexeril 7.5mg #60. Diagnoses include neck sprain and low back pain; s/p left shoulder arthroscopy with SAD, capsular release, lysis of adhesion with MUA on 9/18/13. Conservative care has included medications, therapy, TENS, HEP, and modified activities/rest. Report of 9/17/14 from the provider noted the patient with low back pain radiating to the left lower extremity; pain rated at 6-7/10 without and 4/10 with medications. Exam showed cervical and lumbar paraspinal tenderness, diffuse decreased range of motion and sensation with positive SLR and Spurling's. Treatment included pain consult and medication refills. The request(s) for Flexeril 7.5mg #60 was determined not medically necessary on 10/2/14 citing guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2010. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this continued muscle relaxant medication treatment and there is no report of significant change in clinical findings, acute flare-up or new injury to support for its long-term use of this 2010 injury. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Flexeril 7.5mg #60 is not medically necessary and appropriate.