

Case Number:	CM14-0026385		
Date Assigned:	06/13/2014	Date of Injury:	08/01/2007
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 Illinois. 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 56 year old male with reported injury on 08/01/2007, due to greasing rock grinder, he slipped with his right leg and popping his back. The injured worker had an exam on 11/04/2014 with complaints of lower back pain with lower extremity radicular pain that has been unimproved. The injured worker struggled with ambulating without a can and his ability to perform activities of daily living was impaired. He has had a history of eight to ten massage sessions without improvement. He had eighteen visit of physical therapy, although there were no documentations provided. He had chiropractic spinal manipulation without documents provided as well. His MRI showed evidence of positive disc bulging and status post lumbar fusion of L4-5 on 09/20/2010. His medications were Glucosamine, Prilosec and Anaprox. The treatment plan was to get physical therapy twice a week for eight weeks for strengthening, core development and pain management, and to add Ultracet, Flexeril and Neurontin. The request for authorization was signed and dated on 01/20/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXARIL 7.5MG BID #60 OVER 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Flexeril 7.5mg BID # 60 over 30 days is non-certified. The injured worker has a history of lower back pain with lower extremity radicular pain, he struggles with ambulating without a cane. The California MTUS guidelines recommend Flexeril for a short course of therapy, evidence does not allow for a recommendation for chronic use. The medication is not recommended to be used for longer than 2-3 weeks. The request asks for 30 days, which is longer than the recommended time. Therefore the request for Flexeril is non-certified.