

Case Number:	CM14-0027032		
Date Assigned:	06/13/2014	Date of Injury:	03/10/2013
Decision Date:	07/23/2014	UR Denial Date:	02/17/2014
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 Pain Management & 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 48 year-old patient sustained a neck and back injury on 3/10/13 after attempting to free his truck that was stuck in the sand while employed by [REDACTED]. MRI of the cervical spine dated 4/10/13 showed multilevel degenerative disc disease with mild to moderate neural foraminal narrowing without canal stenosis. Lumbar spine MRI of 6/3/13 showed small disc protrusions at L4-S1 with mild neural foraminal stenosis. EMG/NCV on 6/11/13 showed right C5-6 radiculopathy and left mild CTS. Report of 10/30/13 from the provider noted patient with global radiating neck pain into both shoulders and upper arms with numbness; low back pain rated at 3-9/10 as well as wrist and knee pain. Exam showed limited cervical range in all planes; shoulder without impingement; tenderness at C7 midline; lower back unchanged with tenderness to palpation. Report of 12/18/13 noted unchanged chronic pain at 4-9/10 scale. Patient underwent acupuncture without benefit. Exam had limited cervical range in all planes along with tenderness at neck and upper thoracic. Report of 2/3/14 again noted chronic lower back, thighs, and knee complaints, clinically unchanged with tenderness. Diagnoses included neck strain/sprain with C6 radiculopathy; chronic sprain/strain of lumbar spine with sciatica. Multiple medications were prescribed and the patient remained off work for another 6 weeks. Request under consideration include FLEXERIL 10MG #30. The request for FLEXERIL 10MG #30 was non-certified on 2/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

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

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

Decision rationale: MRI of the cervical spine dated 4/10/13 showed multilevel degenerative disc disease with mild to moderate neural foraminal narrowing without canal stenosis. Lumbar spine MRI of 6/3/13 showed small disc protrusions at L4-S1 with mild neural foraminal stenosis. EMG/NCV on 6/11/13 showed right C5-6 radiculopathy and left mild CTS. Report of 10/30/13 from the provider noted patient with global radiating neck pain into both shoulders and upper arms with numbness; low back pain rated at 3-9/10 as well as wrist and knee pain. Exam showed limited cervical range in all planes; shoulder without impingement; tenderness at C7 midline; lower back unchanged with tenderness to palpation. Report of 12/18/13 noted unchanged chronic pain at 4-9/10 scale. Patient underwent acupuncture without benefit. Exam had limited cervical range in all planes along with tenderness at neck and upper thoracic. Report of 2/3/14 again noted chronic lower back, thighs, and knee complaints, clinically unchanged with tenderness. Diagnoses included neck strain/sprain with C6 radiculopathy; chronic sprain/strain of lumbar spine with sciatica. Multiple medications were prescribed and the patient remained off work for another 6 weeks. MTUS guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of March 2013. 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 treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains TTD. The FLEXERIL 10MG #30 is not medically necessary and appropriate.