

Case Number:	CM14-0030305		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2013
Decision Date:	09/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 33-year-old male who reported injury on 10/03/2013. The mechanism of injury was the injured worker strained his low back getting in and out of his patrol car. The injured worker's medication history included muscle relaxants, NSAIDs, and opiates as recently as 10/2013. The prior treatments included physical therapy, acupuncture, chiropractic care, epidural steroid injections and medications. The surgical history was not provided. The documentation of 11/27/2013 revealed the injured worker had acupuncture and chiropractic treatment without much improvement. The injured worker was noted to have numbness going down to the small toes. The current medications were noted to include ibuprofen, Norco Voltaren, Flexeril, and omeprazole. The physical examination revealed the injured worker was able to toe walk, heel walk and squat. There was increased pain with range of motion and flexion and extension. The neurologic examination revealed decreased sensation in the left S1. The injured worker had 4 view lumbar spine x-rays which showed some loss of disc height at L5-S1 and mild instability and retrolisthesis at L5-S1. The documentation indicated the injured worker underwent an MRI that showed a 14 mm left-sided L5-S1 disc herniation displacing the S1 nerve root severely. The treatment plan included epidural injections and surgery. The treatment plan included surgical intervention. The original date of request for the medication could not be established through supplied documentation as there was no Request for Authorization submitted for the requested medication.

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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Procedure Summary last updated 02/13/2014.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. There should be documentation of objective functional improvement. This medication is not supported for more than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 3 weeks. There was a lack of recent documentation indicating objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 7.5 mg #60 is not medically necessary.