

Case Number:	CM14-0040611		
Date Assigned:	06/20/2014	Date of Injury:	02/19/2007
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/11/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 46-year-old male with a 2/19/07 date of injury. At the time (1/16/14) of request for authorization for Flexeril 10mg #20, there is documentation of subjective (moderate to severe chronic low back pain radiating down the left leg) and objective (restricted lumbar range of motion, tenderness to palpation over the lumbar paravertebral muscles with spasms and tight muscle band noted on both sides, positive lumbar facet loading, positive straight leg raise, decreased sensation over the lateral and medial foot, medial and lateral calf, anterior and posterior thigh on the left side, and decreased ankle reflexes) findings, current diagnoses (lumbar radiculopathy), and treatment to date (Flexeril since at least 10/10/13 with decreased pain levels and increased activities of daily living; injections, and home exercise program). There is no documentation of acute exacerbation of chronic pain and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Flexeril resulting in decreased pain levels and increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Flexeril. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Flexeril since at least 10/10/13, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #20 is not medically necessary.