

Case Number:	CM14-0054777		
Date Assigned:	07/07/2014	Date of Injury:	12/03/2011
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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 Nevada. 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 records presented for review indicate that this 25 year old female was reportedly injured on December 3, 2011. The mechanism of injury is undisclosed. The most recent progress note dated March 7, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'7, 185 pound individual in no acute distress. Lumbar range of motion was restricted. Motor function was noted to be 5/5 and sensory was intact. Diagnostic imaging studies objectified degenerative changes and a retrolisthesis. Previous treatment included multiple medications, physical therapy and other conservative interventions. A request was made for multiple medications and was not certified in the preauthorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg, QTY: 42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain but advises against long term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support the request for Flexeril 5mg. As such, the request is not medically necessary. Furthermore, there is no noted efficacy with this medication as the pain complaints continued.