

Case Number:	CM14-0065685		
Date Assigned:	07/11/2014	Date of Injury:	10/08/2008
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Anesthesiology 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:

The injured worker is a 55 year old male who sustained injuries to his low back on 10/08/08. Per the submitted clinical records, the injured worker has undergone multiple spinal surgeries followed by a hardware removal without subsequent benefit. The records include an EMG/NCV study dated 09/19/13 which notes a diffuse sensory polyneuropathy with findings suggestive of chronic active L4-5 and L5-S1 radiculopathy, left greater than right. Records indicate that the injured worker underwent a trial of spinal cord stimulation on 03/19/14. Post-procedurally it is reported that he had 50% improvement in his back pain and significantly improved his lower extremity pain. The record includes the utilization review determination dated 04/28/14 in which a request for Flexeril 10mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for Flexeril 10mg #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has failed back surgery syndrome. He is recently noted to have undergone a trial of dorsi column stimulation with a subsequent recommendation for implantation. The serial physical records do not document the presence of active myospasm. As such, the medical necessity for the use of Flexeril is not established. It would further be noted that CAMTUS does not support the use of muscle relaxants in the treatment of chronic pain.