

Case Number:	CM14-0068635		
Date Assigned:	07/14/2014	Date of Injury:	08/02/2012
Decision Date:	08/29/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/13/2014

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 injured worker is a 48-year-old male who was reportedly injured on August 2, 2012. The mechanism of injury is noted as falling off a ladder. The most recent progress note dated January 14, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Hydrocodone. The physical examination demonstrated tenderness over the lumbar sickle spine and decreased lumbar spine range of motion. There was a negative straight leg raise test and decreased sensation along the right L5 and S1 nerve distributions. Diagnostic imaging studies of the lumbar spine show a spondylolisthesis of L5-S1. Imaging of the cervical spine showed multilevel annular bulging and right-sided arthritic changes most severe at C6-C7. Previous treatment includes lumbar spine fusion at L5-S1 and usage of a back brace. A request was made for Flexeril and was not certified in the pre-authorization process on July 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Q HS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Flexeril is not medically necessary.