

Case Number:	CM14-0076770		
Date Assigned:	09/05/2014	Date of Injury:	06/20/2005
Decision Date:	10/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation 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 59 year old female who sustained injury to the low back and left ankle on 06/20/05 when she was involved in a motor vehicle accident. Prior treatment included epidural steroid injections and several medications. Recent medications included Norco, Trazadone for sleep and Topamax. The injured worker was also recommended for Flexeril. The injured worker was seen on 04/18/14 with continuing complaints of pain in the left ankle and low back that was 8/10 in severity. The injured worker was working full time at this visit. Physical examination noted limited lumbar range of motion and limited left ankle range of motion. The injured worker was utilizing Flexeril to decrease the intensity and frequency of spasms. Follow up on 05/16/14 noted persistent complaints of left ankle and low back pain. Physical examination findings remained unchanged. At this visit Norflex was recommended at 100mg #60. The requested Flexeril 7.5mg #60 prescribed 04/18/14 and Flexeril 7.5mg #60 were denied by utilization review on 05/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 7.5mg #60, dispensed 4/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril 7.5mg quantity 60 prescribed on 04/18/14, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.

Flexeril 7.5 #60 (next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to future prescriptions for Flexeril 7.5mg #60 the clinical note from 05/16/14 indicated the injured worker was being recommended for Norflex which is a separate muscle relaxer. There was no further discussion of ongoing use of Flexeril as of this evaluation which would have required further refills. Given that Flexeril as an antispasmodic is not recommended for long term use and there was no indication of any further exacerbation of chronic musculoskeletal complaints this reviewer would not have recommended the request as medically necessary.