

Case Number:	CM14-0078142		
Date Assigned:	07/18/2014	Date of Injury:	05/24/2003
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/29/2014

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 58-year-old gentleman was reportedly injured on May 24, 2003. The mechanism of injury is listed in these records reviewed. The most recent progress note, dated April 29, 2014, indicates that there are ongoing complaints of moderate back pain. Current medications include Flexeril and Tramadol. The physical examination demonstrated ambulation with the assistance of a cane. There was decreased sensation and motor strength of the L4 through S1 nerve roots bilaterally. A straight leg raise test was positive at 90. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine surgery x 2. A request had been made for Flexeril and was not medically necessary in the pre-authorization process on May 22nd 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: 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.