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| Case Number: | CM14-0078157 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 03/26/2006 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/28/2014 |

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 Illinois. 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 54-year-old male who reported an injury on 03/26/2006. The injury reported was while the injured worker was crawling in a tight space and outstretched himself. The diagnosis included lumbar radiculopathy. The previous treatments included medication, work restrictions, physical therapy, injections, and surgery. Diagnostic testing included an magnetic resonance imaging (MRI) and Electromyogram (EMG) and Nerve Conduction Studies. Within the clinical note dated 01/23/2014, it was reported the injured worker complained of pain and muscle spasms. Upon the physical examination, the provider noted the injured worker rated his pain 8/10 to 9/10 in severity. He noted the injured worker's pain had worsened. The clinical documentation submitted was largely illegible. The request as submitted is for Flexeril. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Flexeril 10mg #360 is not medically necessary. The California Medical Treatment utilization Schedule (MTUS) Guidelines recommended non-sedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There was a lack of documentation indicating the efficacy of the medications as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. The injured worker had been utilizing the medication for an extended period of time, since at least 01/2014, which exceeds the guideline recommendations of short term use. Therefore, the request is not medically necessary.