

Case Number:	CM14-0082452		
Date Assigned:	07/21/2014	Date of Injury:	10/04/2010
Decision Date:	09/03/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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 57-year-old was reportedly injured on October 4, 2010. The mechanism of injury was listed as a motor vehicle accident. The most recent progress note, dated April 29, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated an antalgic gait favoring the right side. There was moderate tenderness at the facets from L4 through S1 as well as sacroiliac joint tenderness. Nerve root tension tests indicate a positive right-sided straight leg raise test at 50 degrees. There were also decreased lumbar spine range of motion and decreased sensation at the right-sided L4, L5, and S1 dermatomes. Decreased muscle strength was noted with the right EHL, knee extensors, and hip flexors. Diagnostic imaging studies of the lumbar spine revealed lumbar spondylosis from L3-L4 through L5-S1 with an L4-L5 disc protrusion, an L3-L4 posterior disc bulge, and a spondylolisthesis of L5 on S1. Lower extremity nerve conduction studies revealed an L4 and L5 radiculopathy. Previous treatment included lumbar spine surgery. A request had been made for Flexeril and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127..

Decision rationale: Flexeril is a muscle relaxant. According to the 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 10 mg ninety count is not medically necessary or appropriate.