

Case Number:	CM14-0083090		
Date Assigned:	07/21/2014	Date of Injury:	08/16/2013
Decision Date:	09/24/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 51 year old female was reportedly injured on August 18, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated May 16, 2014, indicates that there are ongoing complaints of neck pain and left upper extremity pain. Current medications include Flexeril, Terocin, Lidoderm patches, and Amitriptyline. Pain is stated to be 9/10 without medications and 6/10 with medication. The physical examination demonstrated tenderness along the left sided trapezius and paraspinal muscles, decreased left upper extremity strength, decreased sensation in the left C6 and C7 dermatomal distributions. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes the use of an H wave device. A request was made for Flexeril and was not medically necessary in the preauthorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

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.