MAXIMUS Federal Services

Case Number:	CM14-0088061		
Date Assigned:	07/23/2014	Date of Injury:	04/21/2002
Decision Date:	09/08/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 65-year-old female with a reported date of injury on 04/21/2002. The injury reportedly occurred when the injured worker picked up a shopping cart that was on its side and twisted. Her diagnoses were noted to include post laminectomy syndrome. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 06/02/2014 revealed the injured worker complained of back pain that radiated from the low back down both legs and a lower back ache, rated 7 out of 10. The injured worker indicated without medications her pain rated 9 out of 10, and quality of sleep was poor. Her activity level has remained the same, and the injured worker was taking medications as prescribed and that they were working well. The physical examination of the lumbar spine revealed range of motion was restricted with flexion limited to 35 degrees limited by pain, extension limited to 10 degrees limited by pain, right lateral pending limited to 15 degrees, left lateral pending to 10 degrees, and left lateral rotation limited to 5 degrees. Upon palpation of the paravertebral muscles, there was spasming and tenderness, and tight muscle band noted on both sides. The spinous process tenderness was noted on L3-5. The lumbar facet loading was positive on both sides and the straight leg test raise was positive. The Request for Authorization was not submitted within the medical records. The request was for Flexeril 10 mg quantity 60 for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg QTY: 60.00: 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 63 Page(s): 63.

Decision rationale: The request for Flexeril 10 mg quantity 60 is not medically necessary. The injured worker's been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefits beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to deminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been documented as having muscle spasms to warrant Flexeril, however, the guidelines recommend short term utilization of this medication and the injured worker's been taking this for over 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.