

Case Number:	CM14-0097075		
Date Assigned:	09/16/2014	Date of Injury:	09/04/2012
Decision Date:	11/18/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/25/2014

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 Pain Medicine and is licensed to practice in California. 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 45-year-old male who reported an injury on 09/04/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical sprain/strain, cervical spondylosis, status post bilateral shoulder humeral head replacement, status post spinal fusion L5-S1, bilateral knee pes anserinus, and bilateral ankle sprain/strain. The previous treatments included medication, surgery, and sleep studies. Diagnostic testing included x-rays, MRI of the lumbar spine, MRI of the left knee, MRI of the right knee, and EMG/NCV. Per clinical note dated 04/16/2014, it was reported the patient complained of ongoing pain in his neck, upper and lower back as well as both shoulders and both knees. Upon the physical examination, the provider noted the patient to have focal tenderness bilaterally at the C4-7 as well as bilateral upper trapezius. Cervical range of motion was noted to be forward flexion of 40 degrees, and extension at 50 degrees. The injured worker had tenderness to palpation of the lumbar spine and the midline incision L3-S3. The provider noted bilateral paraspinal tenderness of the iliac crest. The range of motion of the lumbar spine was noted to be 30 degrees of flexion and 20 degrees of extension. The provider requested Flexeril. However, a rationale was not submitted for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation 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. The injured worker has been utilizing the medication since at least 02/2014 which exceeds the guidelines recommendations of short term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical documentation indicating the efficacy of medication as evidenced by significant functional improvement. Therefore, the request for Flexeril 10mg #60 is not medically necessary and appropriate.