

Case Number:	CM14-0108871		
Date Assigned:	08/01/2014	Date of Injury:	05/03/2011
Decision Date:	07/07/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old female, who sustained an industrial injury on May 3, 2011. She reported a table started to fall on her, which she caught with her arms, noticing low back pain later that evening. The injured worker was diagnosed as having herniated nucleus pulposus (HNP) L4-L5, status post L4-L5 decompression in 2012 with recurrent herniated nucleus pulposus (HNP) with instability, and status post lumbar fusion in 2013. Treatment to date has included MRIs, physical therapy, lumbar epidural steroid injection (ESI), a lumbar decompression, x-rays, and medication. Currently, the injured worker complains of low back pain. The Primary Treating Physician's report dated June 9, 2014, noted the injured worker reported the pain remained about a 7/10, with increased nerve pain, as the Neurontin had not been authorized. Physical therapy was noted to be helping to decrease her pain. Physical examination was noted to show minimal lumbar tenderness with the lumbar spine range of motion (ROM) decreased by 20%. The treatment plan was noted to include a refill of the medications, including Naproxen, Neurontin, Flexeril, Norco, and intramuscular Toradol. The injured worker was noted to be working with modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg, #90 is not medically necessary and appropriate.