

Case Number:	CM14-0163797		
Date Assigned:	10/08/2014	Date of Injury:	01/12/2000
Decision Date:	01/06/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52-year-old woman who sustained a work related injury on January 12, 2000. Subsequently, she developed low back pain. The patient underwent a lumbar fusion in 2001. MRI of the lumbar spine dated June 13, 2014 showed laminectomy at L5. There was a 1-2 mm disc osteophyte complex with mild spinal canal narrowing at this level. Facet arthropathy was noted at this level causing mild-to-moderate left neural foraminal narrowing. There was 1-2 mm right asymmetric diffuse disc bulge at L4-5. In addition, there was a 1-2 mm right paracentral disc herniation and disc level. There was mild spinal canal narrowing. Mild bilateral neural foraminal narrowing noted. Facet arthropathy at L3-4, L4-5, and L5-S1. An EMG/NCV study of both lower extremities, performed on June 16, 2014 was consistent with bilateral L5-S1 motor radiculopathy. According to a progress report dated July 24, 2014, the patient complained of pain and discomfort in the lumbar spine. She rated her pain as a9/10. She complained of strong muscle spasms in the lower back that cause back pain that radiates into the right leg and down to the level of the foot. The patient also continued to experience gastrointestinal discomfort due to medication use. Physical examination revealed tenderness to palpation over the lumbar spine. Range of motion of the lumbar spine revealed flexion at 25 degrees and extension at 18 degrees with pain and spasm. Straight leg raising test was positive for radiative pain into the right foot at about 20 degrees with spasm. The patient's diagnoses included: disc desiccation L4-5 and L5-S1, lumbar spine scoliosis, degenerative disc disease, chronic lumbar pain, and disc degeneration at L4-5 and L5-S1. The provider requested authorization for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity and no clear justification of continuous use of Flexeril. Therefore the request for authorization Flexeril 10 mg is not medically necessary.