

Case Number:	CM14-0184437		
Date Assigned:	11/10/2014	Date of Injury:	10/27/2008
Decision Date:	01/02/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 48 year old male who sustained an industrial injury on 10/27/08 when he was trying to push a pallet manually. He underwent lumbar surgery in March 2011, December 2012 and January 2014. He was being treated for L4-L5 disc compression and status post lumbar surgery. He was status post L4-L5 posterior spinal fusion on 01/31/14. Prior treatments included physical therapy, medications, TENS therapy, H wave stimulation and surgery. He was taking Flexeril since at least May 2014. His progress note from 10/15/14 was reviewed. He had constant pain in back with radiation to legs as well as numbness and tingling. His range of motion of lumbar spine was limited. His diagnoses included nerve compression, L4-5 disc compression and status post lumbar fusion. The plan of care included home exercise program, Norco, Prilosec and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for pain. He had been on Flexeril since atleast May 2014 which exceeds the time frame recommended by the guidelines. The request for Flexeril #60 is not medically necessary or appropriate.