

Case Number:	CM14-0187679		
Date Assigned:	11/17/2014	Date of Injury:	05/06/2005
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal 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 58-year-old man with a date of injury of May 6, 2005. The mechanism of injury occurred when the IW tripped and fell over a pallet jack, falling forward onto his knees and arms. The current working diagnoses include lumbar strain with bilateral lumbar radiculitis, right greater than left; cervical strain, right greater than left with intermittent radicular symptoms; bilateral shoulder pain; bilateral knee pain; secondary depression and anxiety due to chronic pain; red-blood streaked stools, probable due to constipation; and stomach upset, more of intermittent GERD. Pursuant to the most recent progress note dated October 14, 2014, the IW complains of low back pain radiating to the posterolateral thigh and calf at times, worse with prolonged sitting. He also has neck pain radiating to shoulders, upper arm/forearm area, and bilateral knee and shoulder pain. Physical examination revealed palpation over the cervical spine paracervical muscle shows mild spasms. Lumbar spine shows tenderness and spasms of the paralumbar muscles. Straight leg test is positive on the right at 70 degrees and 80 degrees on the left. The provider is requesting authorization for Norco 5/325mg, Naproxen Sodium 550mg, Neurontin 600mg, Omeprazole 20mg, Flexeril 10mg, and Zoloft 100mg. The earliest documentation in the medical record dated November 6, 2013 indicates the IW was taking the aforementioned medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg QTY#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #60 is not medically necessary. Muscle relaxants are recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain at the short-term treatment of acute exacerbations in patients with chronic low back pain. Sedation is most common side effect. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker was taking Flexeril 10 mg in a progress note dated November 6, 2013. There was no documentation in the record indicating whether there was objective functional improvement associated with flexible use. Most relaxants in general, are a second line option for short-term (less than two weeks) for low back pain. The working diagnoses are lumbar strain with bilateral lumbar radiculitis, right greater than left; cervical strain right way to the left with intermittent radicular symptoms; bilateral shoulder pain; bilateral knee pain; secondary depression and anxiety; blood streaked stool; and stomach upset. An October 14, 2014 progress note indicates the lumbar spine is tender to palpitation with spasm right greater than left. There is no documentation indicating objective functional improvement over the prior months while on Flexeril. Consequently, absent the appropriate clinical documentation, Flexeril 10 mg #60 is not medically necessary.