

Case Number:	CM14-0194386		
Date Assigned:	12/02/2014	Date of Injury:	05/24/2010
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Medicine and is licensed to practice in Florida. 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 52-year-old male who sustained an industrial work related injury on 5/24/2010. The injured worker has a diagnosis of chronic back pain. He has had prior X-ray, Magnetic resonance imaging (MRI) , Electromyography (EMG) and nerve conduction studies performed. He has been diagnosed with degenerative disc disease at L5-S1 with L4-L5 disc herniation, and L5-S1 annular tear with bilateral neural foraminal stenosis. He has previously been treated with physical therapy, TENS unit use, home exercise program, chronic narcotics and muscle relaxants. He has also been treated with NSAIDS and Salonpas pain patches. A 10/23/2014 progress note physical exam notes the injured worker to have antalgic posture, lumbar paraspinal muscle spasm, bilateral straight leg raise - both 80 degrees causing right sided back pain that radiates into the right buttock and posterior thigh. Altered sensory loss at the right lateral calf and bottom of foot was noted. 4/5 weakness in the right thigh flexion, knee extension, and great toe extension. A right Achilles tendon reflex was noted to be absent. A utilization review physician did not certify a request for continued chronic use of a muscle relaxant. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Flexeril is not medically necessary.