

Case Number:	CM14-0202827		
Date Assigned:	12/15/2014	Date of Injury:	12/30/2013
Decision Date:	01/30/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice, 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:

This 35 year old female sustained an industrial related injury on 12/30/2013 while trying to hold a patient from falling. The results of the injury and initial diagnoses were not provided or discussed. Per the progress note (dated 11/18/2014), the injured worker's subjective complaints included low back pain (left greater than right), insomnia, depression and stomach upset. The injured worker reported a pain level of 8/10 without medications which was decreased to 4-5/10 with medications. (not specified). Current objective findings (11/18/2014) included minimal tenderness in the right paraspinal muscles and right facets, significant tenderness in the left facets at L3 through S1, and significant left sided pain with extension. Evaluation of the lower extremities showed reflexes of 2+, intact sensation, normal muscle strength, no increase in tone, and negative Patrick's and straight leg raises. Current diagnoses include low back pain, myofascial pain, right leg pain, and numbness and lumbar facet syndrome. Treatment to date has included medications and right sided facet injections at L3 through S1 (10/07/2014). Diagnostic testing has included EMG of the bilateral lower extremities (08/21/2014) which was noted to be within the normal limits. The UR reported a previous MRI that was completed on 02/21/2014 and was found to be normal; however, this report was not provided in the clinical records or noted in the progress notes and history. The Flexeril was requested for the treatment of lower back pain. Treatments in place around the time the Flexeril was requested included activity and work restrictions, H-wave unit (per the UR report) and oral medications. There were no noted changes in the injured worker's pain from previous progress notes. There was limited data regarding functional deficits. Activities of daily living appeared to be unchanged. Work functions were unchanged as the injured worker remained on restrictive status. Dependency on medical care was also unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to suggest the worker was having an acute flare-up of muscle spasm which might have warranted a short course of a muscle relaxant such as Flexeril. Also, since Flexeril was being used chronically and was requested as being continued, there was also no evidence to show functional benefit with its continual use, according to the evidence found in the notes available for review. Therefore, the Flexeril is not medically necessary to continue.