

Case Number:	CM15-0002797		
Date Assigned:	01/13/2015	Date of Injury:	04/04/1999
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 37-year-old female with a date of injury of 04/04/1999. The mechanism of injury was lifting. Her diagnoses included displacement of lumbar intervertebral disc without myelopathy, thoracic/lumbosacral neuritis or radiculitis unspecified, sacroiliitis not elsewhere classified, and postlaminectomy syndrome of lumbar region. Her past treatments have included physical therapy, pain management, and medications. Diagnostic studies include an ESI, EMG/NCV, and a CT of the lumbosacral spine. Her surgical history was not provided. On 02/21/2014, it was noted the injured worker complained of back pain with radiation of pain to the left leg, chronic pain in the left leg, and numbness in the left leg. According to the medical records submitted, it was noted 11/18/2014 the injured worker complained of low back pain and left leg dysesthesia. The physical examination revealed normal range of motion of the spine, upper and lower extremities bilaterally. The reflexes are 2+ and symmetric, and sensation is intact to touch, pin, vibration, and position. Her current medications were noted to include Allegra, Tylenol, Ventolin, Cymbalta, Flexeril and Norco. The request is for Flexeril 10 mg #90 and the rationale was not included. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril 10mg #90 is not medically necessary. The injured worker reported pain and spasms in the back. The California MTUS Guidelines recommend Flexeril as an option as used as a short course of therapy. The effect is modest and greatest in the first 4 days of treatment. As per the documentation submitted, the patient has continuously used the current medication regimen since at least 02/2014. The request for Flexeril 10 mg with a quantity of 90 exceeds the guideline recommendation of short term therapy. The provided medical records lacked a significant objective improvement with the medication. The provider's rationale for the request was not provided with the documentation. The frequency was not provided. As such, the request is not medically necessary.