

Case Number:	CM15-0101878		
Date Assigned:	06/04/2015	Date of Injury:	02/20/1998
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old female, who sustained an industrial injury on 2/20/98. She has reported initial complaints of low back and left leg injury. The diagnoses have included low back pain and other post- surgical status. Treatment to date has included medications, activity modifications, pain management, physical therapy, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 3/11/15, the injured worker complains of continued pain in the low back with occasional radiation to the left leg. The objective findings reveal that the lumbosacral spine has guarding and tenderness and the straight leg raise is positive on the left at 60 degrees and positive on the right at 70 degrees. The current medications included Norco and Flexeril. There is no urine drug screen reports noted in the records. Work status is permanent and stationary. The physician requested treatment included Flexeril 10 mg quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines are very specific with the recommendation that Flexeril be limited to short term (3 weeks or less) use. The prescription is for long-term daily use and there are no unusual circumstances to justify an exception to Guidelines. The Flexeril 10mg. #90 is not supported by Guidelines and is not medically necessary.