

Case Number:	CM15-0103294		
Date Assigned:	06/05/2015	Date of Injury:	03/26/2006
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on March 26, 2006. He reported mid and low back pain secondary to overstretching while using a cutting torch in a tight place. The injured worker was diagnosed as having backache, lumbar or lumbosacral disc degeneration, lumbago, plantar fascial fibromatosis, lumbar spinal stenosis, lateral popliteal nerve lesion and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included diagnostic studies, s/p L5-S1 microdiscectomy on 5/2/06, medications, conservative care and work restrictions. Currently, the injured worker complains of continued mid and low back pain. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 5, 2015, revealed continued pain as noted. He reported only 6 hours of sleep nightly. The physician reported being "stuck" and not being "able to provide any treatment" at this time until further approval. Evaluation on April 30, 2015, revealed continued chronic pain complaints with unchanged clinical and treatment for medications. Flexeril 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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10 mg #120 is not medically necessary and appropriate.