

Case Number:	CM15-0105955		
Date Assigned:	06/10/2015	Date of Injury:	05/23/2011
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old female who sustained an industrial injury on 05/23/11. Initial complaints and diagnoses are not available. Treatments to date include medications, heat and ice. Diagnostic studies include x-rays of the bilateral knees and lower back. Current complaints include back pain. Current diagnoses include low back pain, myalgia and myositis, lumbar spinal stenosis, herniated nucleus pulposus, lumbar spondylosis and degenerative disc disease, radiculopathy, muscle spasms, and chronic pain. In a progress note dated 05/13/15 the treating provider reports the plan of care as medication including flexeril, baclofen, Butrans patches, Aleve, Nortriptyline, and oxycodone, as well as an EKG, and bilateral MRIs of her knees. The requested treatments include baclofen and flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is low back pain; myalgia and myositis: spinal stenosis lumbar region chronic; all risk; degenerative disc disease lumbar chronic; radiculopathy thoracic or lumbosacral chronic; muscle spasms chronic; and spondylosis lumbar without myelopathy. According to a May 13, 2015 progress note, the injured worker has moderate to severe back pain that radiates to the right thigh, calf and foot. Pain is 6/10. The documentation shows the injured worker has been prescribed Flexeril as far back as November 26, 2014. Flexeril is indicated for an acute exacerbation of chronic low back pain for short-term (less than two weeks). There is no documentation in the medical record indicating an acute exacerbation of chronic low back pain. The treating provider exceeded the recommended guidelines for short-term use by prescribing Flexeril 10 mg in excess of six months. Additionally, the treating provider concurrently prescribed a second muscle relaxant, baclofen 20 mg, in addition to Flexeril 10 mg. There is no clinical indication or rationale for two muscle relaxants prescribed concurrently. There are no compelling clinical facts documented in the medical record to support ongoing Flexeril 10 mg. Consequently, absent clinical documentation with compelling clinical facts to support ongoing Flexeril in excess of the recommended guidelines for short-term use (less than two weeks), prescribed currently with a second muscle relaxant (baclofen), Flexeril 10 mg #30 is not medically necessary.

Baclofen 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64, and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 20mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is low back pain; myalgia and myositis: spinal stenosis lumbar region chronic; all risk; degenerative disc disease lumbar chronic; radiculopathy thoracic or lumbosacral chronic; muscle spasms chronic; and spondylosis lumbar without myelopathy. According to a May 13, 2015 progress note, the injured worker has moderate to severe back pain that radiates to the right thigh, calf and foot. Pain is 6/10. The documentation shows the injured

worker has been prescribed Baclofen as far back as November 26, 2014. Baclofen is indicated for an acute exacerbation of chronic low back pain for short-term (less than two weeks). There is no documentation in the medical record indicating an acute exacerbation of chronic low back pain. The treating provider exceeded the recommended guidelines for short-term use by prescribing Baclofen 20 mg in excess of six months. Additionally, the treating provider concurrently prescribed a second muscle relaxant, Flexeril 10mg, in addition to Baclofen 20mg. There is no clinical indication or rationale for two muscle relaxants prescribed concurrently. There are no compelling clinical facts documented in the medical record to support ongoing Baclofen 20mg. Consequently, absent clinical documentation with compelling clinical facts to support ongoing Baclofen in excess of the recommended guidelines for short-term use (less than two weeks), prescribed currently with a second muscle relaxant (baclofen), Baclofen 20mg #60 is not medically necessary.