

Case Number:	CM15-0134562		
Date Assigned:	07/22/2015	Date of Injury:	12/26/2014
Decision Date:	08/18/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 52 year old female who sustained an industrial injury on 12/26/2014. She reported pain in the left lower back radiating down the left posterior thigh onto the calf. The injured worker was diagnosed as having left L5 radiculopathy, resolved; L4-5 lateral recess stenosis; L3-5 disc degeneration, L3-5 facet arthropathy. Treatment to date has included physical therapy which gave temporary improvement, a MRI scan (04/15/2015), and oral medications. Currently, the injured worker complains of low back pain radiating into the buttocks that she rates as a 7 on a scale of 0-10. She did have radiation to the left posterior thigh to the calf now resolved. Her gait is normal and there is no evidence of weakness walking on the toes or heels. There is no evidence of scoliosis or gross deformity. There is decreased sensation over the L5 dermatome distribution. There is diminished range of motion of the back in all planes. Her deep tendon reflexes are normal, her motor power of the hips, knees, ankles and toes are normal. Straight leg raise is positive on the left for buttocks pain. Current medications are Tramadol, Norco, and Flexeril. The plan of care includes Facet blocks, and a refill of her pain medication and muscle relaxer. A request for authorization was made for the following: 1. Facet blocks at L4-5 and L5-S1, left; 2. Norco 10/325mg #50; 3. Flexeril 10mg #80 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #80 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is indicated in the treatment of erectile dysfunction. The provided records do not show evidence of erectile dysfunction proven as a result of industrial incident and therefore the request is not medically necessary.