

Case Number:	CM15-0181322		
Date Assigned:	09/22/2015	Date of Injury:	08/22/2012
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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 30 year old male, who sustained an industrial injury on August 22, 2012. The injured worker was diagnosed as having herniated thoracic disc at the thoracic eight to nine level with mass effect on the cord, thoracic pain, thoracic strain, chronic pain, and myalgia. Treatment and diagnostic studies to date has included use of a transcutaneous electrical nerve stimulation unit, physical therapy, medication regimen, and a home exercise program. In a progress note dated September 01, 2015 the treating physician reports complaints of aching pain to the thoracic back bilaterally with muscle spasms. Examination performed on September 01, 2015 reveals tenderness to the thoracic paraspinal muscles. On September 01, 2015 the injured worker's medication regimen included Flexeril and Naproxen. On September 01, 2015 the injured worker's pain level was rated a 6 out of 10 on the visual analog scale without the use of his medication regimen and rates the pain a 5 out of 10 with the use of his medication regimen. On September 01, 2015 the treating physician noted that the use of the injured worker's transcutaneous electrical nerve stimulation unit decreased his pain by over 50% and allows him to use less medication, but the treating physician noted that the injured worker does continue to use the medication Flexeril "occasionally" for exacerbations of muscle spasms noting that use of this medication was "helpful" and increases the injured worker's function allowing him to complete his activities of daily living and attend school as a full time student along with the use of the medication Naproxen. On September 01, 2015 the treating physician requested the medication Flexeril 7.5mg with a quantity of 60 noting current use of this medication as

indicated above. On September 09, 2015 the Utilization Review determined the request for Flexeril 7.5mg with a quantity of 60 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS Guidelines do not recommend the long term daily use of muscle relaxants. However, if a muscle relaxant is beneficial, intermittent short term use of flare-ups is Guideline supported. This individual meets these Guideline criteria. Its use is associated with improved functional outcomes and it is clearly documented that use is intermittent on an as needed basis. The lack of spasm on exam, may be evidence that it is working and/or this individual is between flare-ups. Under these circumstances, the Flexeril 7.5mg #60 is supported by Guidelines and is medically necessary.