MAXIMUS Federal Services

Case Number:	CM15-0183325		
Date Assigned:	09/24/2015	Date of Injury:	07/25/2008
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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 is a 47 year old male, who sustained an industrial injury on 07-25-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, high blood pressure, asthma, pulmonary infection, left shoulder pain, right hip pain and strain (status post right hip replacement), bilateral knee strain or sprain, severe chondromalacia, stress, anxiety and depression. Medical records (08-13-2015 to 08-19-2015) indicate ongoing left shoulder pain, low back pain with numbness and burning pain across the anterior right thigh, right hip pain, and near constant bilateral knee pain (left greater than right). Pain levels were 7 out of 10 on a visual analog scale (VAS) without medications, which is reduced to 3 out of 10 with medications. Additionally, there was a noted complaint of acute muscle spasm on the right extending down into the posterior buttock and right hip. Activities of daily living, activity levels, and level of functioning were not addressed or discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-19-2015, revealed tenderness to palpation over the lateral aspect of the right hip, crepitus and tenderness to palpation over the right knee, and crepitus and tenderness to palpation over the bilateral joint lines of the left knee. The exam dated 08-13-2015 revealed low back tenderness of the paraspinal musculature with splinting, and near full ROM. Relevant treatments have included right hip replacement (2013) physical therapy (PT), psychological treatments, work restrictions, and pain medications. The treatment plan (08-13-2015) included a trial of Flexeril for acute muscle spasm. The progress report (08-13-2015) shows that the following medication was requested: Flexeril 7.5mg #40. The original utilization review (08-24-2015) non-certified the request for Flexeril 7.5mg #40 based on the lack of support for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic shoulder and back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.