MAXIMUS Federal Services

Case Number:	CM15-0183890		
Date Assigned:	10/27/2015	Date of Injury:	04/03/2013
Decision Date:	12/08/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: New Jersey
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 64 year old male who sustained an industrial injury on 4-13-2013 and has been treated for neck and low back sprain, lumbar and cervical disc protrusion, lumbar spondylolisthesis lumbar radiculopathy, and lumbar muscle spasm. On 8-18-2015 the injured worker reported neck and low back pain rated at 6 out of 10. Objective findings included tenderness over lumbar and cervical spine, reduced range of motion and positive Spurling's test. Documented treatment includes trigger point injections, physical therapy, acupuncture, home exercise, and medication including Menthoderm, Prilosec, ibuprofen, Ultracet, Tramadol, Flexeril, and Norco. Norflex is noted to have been part of the treatment plan over one year ago, but then is not visible in the records until Flexeril request 8-18-2015. Length it use, rationale and response are not provided in the documentation. Urine drug screenings have been performed but interpretation is not provided in the physician's notes. The treating physician's plan of care includes Flexeril 10 mg #60 which was denied on 9-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 60: 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 MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no evidence found in the notes available for review to suggest an acute muscle spasm flare-up beyond the worker's chronic levels, and this request for an additional 60 pills of Flexeril suggests an intention to use this medication chronically moving forward as it had been used previous to this request, which is not recommended for this drug class. Therefore, the Flexeril will be considered medically unnecessary at this time.