

Case Number:	CM15-0197389		
Date Assigned:	10/12/2015	Date of Injury:	05/13/2013
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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 52-year-old male who sustained an industrial injury on 5-13-2013. Diagnoses have included cervical sprain, "various sprains and injuries," status post fracture right shoulder, and the physician states "severe spinal canal stenosis C5-C6 with flattening and narrowing of the spinal cord, bilateral foraminal narrowing and C6-C7 canal stenosis with severe left neural foraminal stenosis." This is noted to be supported by referenced "films and report" of 7-10-2013. Documented treatment includes anterior cervical discectomy and fusion C5-C7 with correction of kyphosis, which an x-ray 8-7-2015 showed as "a solid fusion," physical therapy, and medication. On 9-21-2015 the injured worker reported increased pain with prolonged standing and while using his computer at work. He still complains of low back pain radiating into both legs but worse on the right, with some weakness. He also reports headaches. The treating physician's plan of care includes Flexeril 10 mg #30, which was denied on 9-29-2015. The injured worker has this medication documented for at least 4 months. Medication behavior, urine drug screening or pain contract are not discussed in the provided records. The injured worker has returned to full duty but he has not reached permanent and stationary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 long-term daily use of muscle relaxants, however the Guidelines do allow for periodic use during flare-ups. The Flexeril is being prescribed for on an as needed basis and the use appears to be quite limited. Its use is associated with improving function as this individual has returned to work. Under these circumstances, the Flexeril 10mg #30 with 1 refill is consistent with Guidelines and is medically necessary. If use increases or function diminishes, a re-review may be reasonable.