

Case Number:	CM15-0199394		
Date Assigned:	10/14/2015	Date of Injury:	08/21/2013
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 was a 48 year old male, who sustained an industrial injury, August 21, 2013. The injured worker was undergoing treatment for lumbosacral spine strain with right radicular pain, lumbar disc syndrome, lumbar facet syndrome, degenerative disc disease with small protrusion without stenosis. According to progress note of September 16, 2015, the injured worker's chief complaint was constant lumbar spine pain. The pain was rated at 5-6 out of 10 at best and 8-9 at worst. The pain increased with prolonged sitting and standing, lifting, carrying and occasionally with having bowel movements. The injured worker was experiencing occasional numbness of the right calf. The pain radiated into the right buttocks and down the back of the thigh into the calf and occasionally around to the shine and into the toes. The objective findings were negative including straight leg raises were negative bilaterally. The sensation to light touch was intact bilaterally. The sensation to pin prick was decreased in the lateral right foot. The injured worker was currently working full time with self-modifications of duties. The injured worker was scheduled for a surgical consultation on September 18, 2015. The injured worker previously received the following treatments signed opiate agreement on August 12, 2014, Norco since January 6, 2015, Gabapentin since January 6, 2015 and Flexeril since March 3, 2015. The RFA (request for authorization) dated September 3, 2015; the following treatments were requested Flexeril 7.5mg #40, Norco 10-325mg #90 and Gabapentin 800mg #30. The UR (utilization review board) denied certification on September 17, 2015; for prescriptions for Flexeril 7.5mg #40, Norco 10-325mg #90 and Gabapentin 800mg #30.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant long term use of this medication. The request for Flexeril 7.5 mg #40 is not medically appropriate or necessary.