

Case Number:	CM15-0205678		
Date Assigned:	10/22/2015	Date of Injury:	12/13/2010
Decision Date:	12/03/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old male with a date of industrial injury 12-13-2010. The medical records indicated the injured worker (IW) was treated for lumbar degenerative disc disease; cervical radiculopathy; lumbar facet arthropathy; chronic pain; and right shoulder SLAP lesion and degenerative joint disease. In the progress notes (9-24-15), the IW reported burning neck pain rated 9 out of 10 with frequent headaches and numbness in the fingers, equal on both hands. He also reported low back pain rated 10 out of 10 with numbness and cramping in his toes, equal on both feet. His right knee pain was 5 out 10 and left knee pain was 10 out of 10. On examination (9-24-15 notes), heel and toe walk was normal. Straight leg raise was negative. Lasegue's maneuver was negative and Lhermitte sign was negative. In the physical exams on 8-10-15, 9-15-15 and 9-24-15, no muscle spasms were documented and the IW did not have complaints of spasms. Treatments included chiropractic treatment, without relief; physical therapy, with mild relief; acupuncture, without relief; Ibuprofen; Flexeril (since at least 4-2015), knee injections and bilateral shoulder surgeries. Trazadone and Butrans patches were ineffective and a trial of gabapentin made him too sleepy. Urine toxicology report dated 6-9-15 was inconsistent with prescribed medications; the CURES report (9-24-15) was "consistent", according to the provider. The IW was released for modified duty, but was not working. A Request for Authorization was received for Flexeril 10mg, #90. The Utilization Review on 10-15-15 modified the request for Flexeril 10mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary Online Version last updated 10/09/2015.

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

Decision rationale: Flexeril 10 mg #90 is not medically necessary. Per ODG, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. 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. The medical records indicate that the Flexeril was prescribed for musculoskeletal pain. Flexeril is recommended short-term use for myofascial pain or fibromyalgia; therefore, the claim is not medically necessary. This request is not medically necessary.