

Case Number:	CM15-0209423		
Date Assigned:	10/28/2015	Date of Injury:	01/09/2010
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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 55 year old male, who sustained an industrial injury on 1-09-2010. The injured worker was diagnosed as having status post lumbar spinal fusion, lumbar spine myofascitis with radiculitis, and sexual dysfunction. Treatment to date has included lumbar spinal surgery and medications. On 9-10-2015, the injured worker complains of "severe" pain in the left lower back, "intense" electricity numbness in the left lower leg to foot, and "intense" left hip pain. Pain was not rated. Work status was permanent and stationary. Objective findings included difficulty standing from a seated position, favoring the left leg, left foot drop, decreased sensation to the left leg, positive straight leg raise left greater than right, and tenderness and spasm to the lumbar spine. X-ray of the lumbar spine (9-10-2015) was documented as showing L5-S1 fusion with hardware in place and spondylosis and disc space narrowing L4-5 and L3-4. The treating provider documented that medications reduced pain and spasm by at least 50% and increased activities of daily living, noting that he was able to continue working. He was to continue Flexeril, Gabapentin, Naproxen, and Lidoderm. Flexeril was prescribed since at least 3-2015. On 9-25-2015 Utilization Review non-certified a 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 tab 10mg #90: 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 record of having used Flexeril regularly and chronically leading up to this request for renewal for three times a day use, which is excessive and not recommended for the diagnoses listed. Also, there was no recent report found which clearly detailed functional gain and pain level reduction directly related to Flexeril use. Therefore, this request for Flexeril is not medically necessary.