

Case Number:	CM15-0020308		
Date Assigned:	02/09/2015	Date of Injury:	12/23/2010
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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: Texas, Florida

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 12/23/10. The injured worker has complaints of back pain that radiates to left with numbness and tingling. The diagnoses have included myofascial pain syndrome; lumbar spine strain; lumbosacral radiculopathy and left hip pain. The documentation noted that she had positive straight leg raise on the left, decreased sensation in the left foot and tenderness and spasm in the lumbar paraspinal muscles. Investigations to date has included Magnetic Resonance Imaging (MRI) 4/4/11 lumbar spine which showed multilevel disc bulges, facet arthropathy and neural foramina stenosis. The medications listed are Naprosyn, Omeprazole, Neurontin and Flexeril. According to the utilization review performed on 1/28/15, the requested Flexeril 7.5mg #90 has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines, Flexeril guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants / Cyclobenzaprine (Flexeril) Page(s): 63-66 / 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum duration of 4 to 6 weeks. There is no documentation of guidelines recommended compliance monitoring measures and functional restoration. The criteria for the use of Flexeril 7.5mg #90 was not met.