

Case Number:	CM15-0020513		
Date Assigned:	02/10/2015	Date of Injury:	07/24/2003
Decision Date:	03/25/2015	UR Denial Date:	01/30/2015
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: North Carolina, Georgia
 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 62 year old male with an industrial injury dated date of injury . His diagnoses include lumbar degenerative disc disease with mild spondylolisthesis. Recent diagnostic testing was not provided or discussed. He current medication regimen included Valium, Flexeril, Arcet and Norco. In a progress note dated 01/06/2015, the treating physician reports worsening low back pain over the previous month which was described as constant and sharp with a pain rating of 4/10 with the use of Norco. The objective examination revealed painful range of motion in the lumbar spine, and tenderness to palpation at the paravertebral musculature. The treating physician is requesting Flexeril with 3 refills which was denied by the utilization review. On 01/30/2015, Utilization Review non-certified a prescription for Flexeril 10mg #60 with 3 refills, noting the recommendation for short term use only. The MTUS Guidelines were cited. On 02/03/2015, the injured worker submitted an application for IMR for review of Flexeril 10mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Flexeril therefore, this request is not medically necessary.