

Case Number:	CM15-0020769		
Date Assigned:	02/09/2015	Date of Injury:	08/19/1998
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old male, who sustained an industrial injury on 8/19/1998. The diagnoses have included unspecified myalgia and myositis, myofascial pain syndrome, and lumbar sprain/strain. Treatment to date has included surgical intervention and conservative measures. Currently, the injured worker complains of continued pain in the lumbar spine, with occasional numbness of the legs, with weakness. The PR2 report, dated 1/13/2015, was handwritten and mostly illegible. Physical exam noted paraspinal spasms. Current medications included Naprosyn, Omeprazole, Flexaril, and Neurontin. An epidural steroid injection was requested right L4, left C5, and right S1. Previous injection (9/19/2014) was noted to provide 75% relief for greater than 6 weeks. Medication refills were requested. On 1/20/2015, Utilization Review non-certified a prescription request for Flexaril 7.5mg #90, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 7.5mg #90 is not medically necessary and appropriate.