

Case Number:	CM15-0021426		
Date Assigned:	02/11/2015	Date of Injury:	11/16/2005
Decision Date:	03/26/2015	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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 a work related injury November 16, 2005. Past history included a lumbar decompression and fusion with instrumentation. According to a treating physician's notes dated December 19, 2014, the injured worker presented as a follow-up of the lumbar spine. She has increasing right thigh discomfort, which radiates to the knee and pain across the lumbosacral region on a regular basis, with difficulty with standing and walking. Examination of the lumbar spine reveals tenderness with palpation of the lumbosacral junction, as well as bilateral paraspinal musculature of the lumbar spine. Range of motion is limited in regards to flexion secondary to pain. Sensory, motor and reflex exams are intact in the bilateral lower extremities. Impression is documented as s/p posterior spinal fusion L3-S1 and acute low back pain with right lumbar radiculopathy. Treatment recommendations include MRI of the lumbar spine, medication as needed and added Flexeril 10mg #90, (1) tablet, PO TID as needed for muscle spasm with (1) refill. According to utilization review dated January 20, 2015, the request for Flexeril 10mg QTY: 180 was non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #180 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post posterior spinal fusion L3 - S1; and acute low back pain with right lumbar radiculopathy. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbation in patients with chronic low back pain. Flexeril was started December 19, 2014. There are no other progress notes in the medical record. There is no documentation in the record indicating objective functional improvement. Moreover, the recommended guidelines are short-term (less than two weeks) treatment. There is no compelling clinical documentation in the medical record to support ongoing Flexeril use. Consequently, absent compelling clinical documentation in excess of the recommended guidelines, Flexeril 10 mg #180 is not medically necessary.