

Case Number:	CM15-0023883		
Date Assigned:	02/13/2015	Date of Injury:	07/15/1999
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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 69-year-old male who reported an injury on 07/15/1999. The mechanism of injury was not stated. The current diagnoses included status post ACDF, progressive lumbar degenerative disc disease, moderate to severe lumbar radiculopathy, lumbar facet osteoarthritis, and lumbar myofascial pain. The injured worker presented on 01/06/2015 with complaints of persistent low back pain with an increase in radicular symptoms in the left lower extremity. The injured worker had been previously treated with medication and a lumbar epidural steroid injection. Upon examination of the cervical spine, there was minimal tenderness in the bilateral trapezii with approximately 30% restriction of range of motion in all planes. Examination of the lumbar spine revealed moderate tenderness across the lumbosacral area with decreased range of motion, positive straight leg raise, dysesthesia in the right lower extremity, and diminished ankle reflexes bilaterally. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg TID #90 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker was initially issued a prescription for Flexeril in 12/2014. Guidelines would not support long term use of Flexeril. There was also no evidence of palpable muscle spasm or spasticity upon examination. Given the above, the request is not medically appropriate.