

Case Number:	CM15-0223798		
Date Assigned:	11/20/2015	Date of Injury:	12/26/2014
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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(n) 53 year old female, who sustained an industrial injury on 12-26-14. The injured worker was diagnosed as having L3-L5 facet arthropathy, L3-L5 disc degeneration, L4-L5 lateral recess stenosis and left L5 radiculopathy. Subjective findings (6-3-15, 7-10-15, 8-12-15 and 9-9-15) indicated left sided low back pain that radiates into the buttocks. The injured worker rated her pain 7-8 out of 10 without medications and 3-4 out of 10 with medications. Objective findings (6-3-15, 8-12-15 and 9-9-15) revealed lumbar flexion is 28-38 degrees, extension is 8-18 degrees, left lateral bending is 14-22 degrees and right lateral bending is 18 degrees. As of the PR2 dated 10-14-15, the injured worker reports left sided low back pain that radiates into the buttocks. She rates her pain 8 out of 10 without medications and 3-4 out of 10 with medications. Objective findings include lumbar flexion is 38 degrees, extension is 8 degrees, left lateral bending is 20 degrees and right lateral bending is 18 degrees. Current medications include Norco and Flexeril (since at least 6-3-15). Treatment to date has included a left L4-L5 and L5-S1 facet block on 7-24-15 and a lumbar MRI on 4-15-15. The Utilization Review dated 11-2-15, non-certified the request for Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records. Therefore, the request for Flexeril 10mg, #60 is not medically necessary.