

Case Number:	CM15-0032816		
Date Assigned:	02/26/2015	Date of Injury:	10/27/2001
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old male who reported an injury on 02/21/2011 due to an unspecified mechanism of injury. On 02/25/2015, he presented for a follow-up evaluation. He reported having a flare-up of his pain over the last month prior to the visit. He was noted to be using Norco 10/325 mg q 4 hours as needed, Butrans 20 mcg per hour every week as needed, Pamelor 10 mg at bedtime, and Flexeril 10 mg 3 times a day as needed. It was noted that the medications continued to reduce his pain by more than 50% and that he had a large improvement in activities of daily living. Physical examination showed that he was in no apparent distress and that he walked with a normal gait. He had 5/5 strength bilaterally and normal sensation in the bilateral lower extremities. He also had a negative straight leg raise. He was diagnosed with an L5-S1 disc disease grade 1 stable, lumbar facet syndrome, multiple sclerosis, depression, and history of bowel obstruction and colon resection. The plan was to continue his medications with Flexeril 10 mg #90. The rationale for treatment was to continue alleviating his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine); Muscle relaxants (for pain).

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

Decision rationale: The California MTUS Guidelines indicate that non-sedating muscle relaxants are recommended for the short term symptomatic relief of low back pain. The documentation provided does indicate that the injured worker was receiving a satisfactory response to the use of this medication. However, further clarification is needed regarding how long he has been using Flexeril for treatment. Without this information continuing would not be supported as it is only recommended for short term treatment. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.