

Case Number:	CM15-0036730		
Date Assigned:	03/05/2015	Date of Injury:	10/02/2013
Decision Date:	05/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona

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 51-year-old male who reported an injury on 10/02/2013. The mechanism of injury was a slip and fall, when the injured worker tripped over his discarded caulking gun. Prior therapies included physical therapy, aquatic therapy, and medication. The injured worker underwent an MRI of the lumbar spine and EMG studies. The documentation indicated the injured worker had been utilizing baclofen 10 mg, which gave minimal relief for muscle spasms, as of at least 08/2014. The most recent documentation submitted for review was dated 01/07/2015. The documentation indicated the injured worker had persistent, severe pain, as well as disabling radicular pain down the left posterolateral leg. The medications included Tylenol No. 4, baclofen 10 mg 2 per day, and Flexeril 10 mg 2 per day. The injured worker had decreased range of motion of the lumbar spine. The treatment plan included a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tab 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review indicated the injured worker was utilizing 2 medications for muscle spasms. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril tab 10 mg #60 is not medically necessary.