

Case Number:	CM15-0038626		
Date Assigned:	03/09/2015	Date of Injury:	01/29/2012
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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 30 year old female, who sustained a work/industrial cumulative injury on 1/29/12 as a security guard team leader. She slipped on steps as she exited an aircraft. She landed on her back with her hands impacting on the concrete floor and struck her back with one of the steps. She has reported symptoms of low back pain radiating to both lower extremities and right wrist pain rated 4/10. Prior medical history includes diabetes mellitus. The diagnoses have included right/left wrist sprain/strain and lumbar strain/sprain with multiple disc bulges; lumbar radiculopathy. An electromyogram was negative. Treatments to date included medication, pain management, home exercises, back brace, and steroid epidural injections. Medications included Ultracet, Flexeril, and Naproxen. Examination revealed decreased range of motion and paralumbar muscle tenderness. The hands reveal positive Phalen's test. Bilateral positive compression test over the median nerve. Bilateral negative Finkelstein's test. Bilateral negative pain over the first dorsal wrist extensor and lateral epicondyles. Bilateral negative pain on wrist extensor and wrist extension. The lumbar region revealed paravertebral tenderness along the midline of the spine without evidence of radiculopathy. On 2/12/15, Utilization Review non-certified Flexeril, citing the California Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 78, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Tramadol, RxList.com-Naproxen.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 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 lumbar radiculopathy. A pain management specialist, [REDACTED], wrote the request for authorization. There was a single progress note from this pain management specialist dated September 9, 2014. The documentation in his evaluation indicated the injured worker was taking Norco. Flexeril was not documented in the note. Documentation from an orthopedic progress note dated August 21, 2014 (approximately one month prior) indicates the injured worker was taking Flexeril, Naprosyn, Tramadol, Prilosec, and Mentherm. [REDACTED] submitted the request for authorization dated February 15, 2015. [REDACTED] did not submit a contemporaneous progress note with a clinical rationale for continuing Flexeril according to the record. There is no documentation of objective functional improvement with ongoing Flexeril. Additionally, the Flexeril requested did not contain a strength or instructions for use. A peer-to-peer call with attempted, but [REDACTED] was not available. Consequently, absent clinical documentation with a correct dose, instructions and quantity, documentation of the drug in the medical record and objective functional improvement (by the requesting physician), Flexeril is not medically necessary.