

Case Number:	CM15-0040068		
Date Assigned:	03/10/2015	Date of Injury:	06/29/2013
Decision Date:	04/14/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/03/2015

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 57 year old female, who sustained an industrial injury on 6/29/2013. She reported sitting in a chair when the seat dropped, placing her in a squatting position; she had immediate pain in her lower back and left buttocks. The diagnoses have included lumbosacral sprain/strain, muscle spasms and multiple disc desiccation and protrusions from L2 to S1. Treatment to date has included physical therapy and medication. According to the progress report dated 1/28/2015, the injured worker complained of severe lower back pain rated 7/10 to 8/10 which became 9/10 with prolonged walking of more than ten minutes at a time, bending, twisting or with any heavy lifting. The pain was frequent in nature and radiated to the left leg. She was taking Ultram two tablets a day and reported improvement in her pain level to 3/10 after taking medication. She was taking Flexeril and Motrin as needed. She had attended three sessions of physical therapy. The treatment plan was to continue physical therapy. Written prescriptions were given for Tramadol, Flexeril and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, 1 every 8 hours, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67. 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 10 mg one tablet PO every eight hours #60 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 lumbosacral sprain/strain; muscle spasms; phobia disorder; and multilevel disc desiccation and protrusions L2- S1. The documentation indicates Flexeril was started in April 29, 2014. A progress note dated January 28, 2015 shows Flexeril 10 mg is still prescribed by the treating physician. The guidelines recommend Flexeril for short-term (less than two weeks) of acute low back pain and short-term treatment of an acute exacerbation with chronic low back pain. The treating physician exceeded the recommended guidelines for short-term use. Additionally, there are no lumbosacral muscle spasms present on physical examination. There is no evidence of objective functional improvement with ongoing, long-term Flexeril 10 mg. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term (less than two weeks), Flexeril 10 mg one tablet PO every eight hours #60 is not medically necessary.