

Case Number:	CM15-0045936		
Date Assigned:	03/18/2015	Date of Injury:	07/09/2012
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 53-year-old female, who sustained an industrial injury on July 9, 2012. The mechanism of injury is not indicated in the records available for this review. The injured worker was diagnosed as having lumbar intervertebral disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, and lumbago. Treatment to date has included knee brace, medications, lumbar fusion, and 12 physical therapy sessions. On February 26, 2015, she was seen using a cane for ambulation, and a knee brace. She indicates feeling anxious about falling when she walks. On March 26, 2015, she was seen for low back and right knee pain with radiation into the right leg. She rates her pain as 8/10 on a pain scale. She indicates she had temporary improvement after lumbar surgery and physical therapy. The records indicate she had electrodiagnostic studies done on 12/17/14 which revealed lumbar radiculopathy. She has been utilizing Flexeril 7.5 mg since at least December 2014. The treatment plan includes request Flexeril 7.5mg taken twice daily #60, for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Muscle Relaxants Page(s): 63-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril
Page(s): 41.

Decision rationale: Accordingly, to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great in the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use may lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, the request is not medically necessary.