

Case Number:	CM15-0047657		
Date Assigned:	03/19/2015	Date of Injury:	01/08/2014
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40 year old female, who sustained a work/ industrial injury on 1/8/14. She has reported initial symptoms of mid and lower back pain. The injured worker was diagnosed as having thoracolumbar contusion, acute thoracolumbar strain, and bilateral lower extremity cramps, treatments to date included medication. Currently, the injured worker complains of persistent thoracic and lumbar spine pain that was rated 6/10 for mid back and 8/10 for lower back that was radiating down the leg. The treating physician's report (PR-2) from 1/6/15 indicated per exam that there was decreased range of motion and tenderness over the paraspinal area and midline. There was decreased strength and sensation 4/5 at the L4, only on the left, normal at L5 and S1 bilaterally, and normal at L4 on the right. Deep tendon reflexes were 2+ bilaterally at the patellar and Achilles tendons. Medications included Ultram, Flexeril, and Aleve. Treatment plan included Flexeril refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 75-84.

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

Decision rationale: According to MTUS guidelines, Flexeril, non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization FLEXERIL 10 MG, # 30 is not medically necessary.