MAXIMUS Federal Services

Case Number:	CM15-0049594		
Date Assigned:	03/23/2015	Date of Injury:	05/03/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 48 year old male with an industrial injury dated May 3, 2011. The injured worker diagnoses include degeneration of cervical intervertebral disc, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbar spondylosis with myelopathy, chronic pain syndrome, myalgia and myositis, unspecified, cervicalgia, brachial neuritis or radiculitis, pain in shoulder region joint, scapulalgia, anxiety, severe depression, inguinal pain, post laminectomy syndrome of lumbar region, degeneration of cervical intervertebral disc, lumbar facet joint pain, thoracic facet joint pain and thoracic neuritis. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/17/2015, the injured worker reported diffuse pain including neck, interscapular region, lower back, right leg and left groin. Physical exam revealed pain with trembling secondary to pain. The treating physician noted limited cervical range of motion, tenderness to palpitation, multiple trigger points, reduced grip strength on the right, and positive straight leg raise. The treating physician also noted that completion of the rest of exam was not possible due to pain. The treating physician prescribed Flexeril 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg p.o t.i.d #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patient's with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The record indicates this worker has already been taking this medication for at least several months. Therefore, the requested treatment is not medically necessary.