

<b>Case Number:</b>	CM15-0050265		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 25 year old male, who sustained an industrial injury on May 9, 2014. The injured worker reported back pain. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD), stenosis and facet arthropathy. Treatment and diagnostic studies to date have included X-ray, physical therapy and medication. A progress note dated February 26, 2015 provides the injured worker complains of increased low back pain. Physical exam notes a normal gait and tenderness of paravertebral area. X-rays were reviewed with impression of history of lumbar fracture. The plan includes medication and continued conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Medrol Dose Pack:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral corticosteroids, [.http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Oralcorticosteroids](http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Oralcorticosteroids).

**Decision rationale:** MTUS guidelines are silent regarding the use of corticosteroids for the treatment of chronic pain. The ODG guidelines do not recommend the use of steroids in chronic pain. Therefore, the prescription of Medrol dose pack is not medically necessary.

**Flexeril 10mg #30:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Flexeril, a 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 FLEXERIL 10 MG, # 30 is not medically necessary.