

Case Number:	CM15-0082707		
Date Assigned:	05/05/2015	Date of Injury:	08/24/2009
Decision Date:	06/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, Florida

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 70-year-old female, who sustained an industrial injury on 9/24/2009. Diagnoses include chronic pain syndrome, dysthymic disorder, depression, anxiety, insomnia, muscle pain, numbness, lumbar spondylosis, lumbar degenerative disc disease and low back pain. Treatment to date has included medications, lumbar epidural psychological therapy and physical therapy. Per the Primary Treating Physician's Progress Report dated 3/17/2015, the injured worker reported pain in the low back, buttocks and bilateral legs rated as 5/10 and described as aching and burning. Physical examination of the lumbar spine revealed tenderness to the sacroiliac joints bilaterally and paraspinous muscles. There was increased pain with extension. The plan of care included aquatic therapy, cognitive behavioral therapy and medications and authorization was requested for Flexeril 7.5mg #60. The medications listed are gabapentin, naproxen and Flexeril. The gabapentin was noted to be effective in relieving the numbness and burning pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22;41-42;67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms such as depression, anxiety and insomnia be also treated with antidepressant medications with mood stabilizing and analgesic properties. The records indicate that the patient had utilized Flexeril more than the guidelines recommended maximum period of 4 to 6 weeks. There is no documentation of concurrent treatment with guidelines recommended co-analgesic medications. The criteria for the use of Flexeril 7.5mg #60 were not medically necessary.