

Case Number:	CM14-0123196		
Date Assigned:	08/08/2014	Date of Injury:	10/10/2001
Decision Date:	11/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 38 year-old male with date of injury 10/10/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/16/2014, lists subjective complaints as chronic pain in the low back. An EMG of the lumbar spine performed on 07/12/2010 showed chronic left radiculopathy. Objective findings: Examination of the lumbar spine revealed increased spasm of the left paraspinal muscle, L4-5 area. Bilateral tenderness of the L3-5 paraspinal muscles, and right sacroiliac joint. Decreased range of motion in all planes. No facet tenderness was noted. Decreased sensation of the right lateral leg with allodynia, anterior tibia and bilateral peroneal. Diagnosis: 1. Lumbar radiculopathy 2. Chronic intractable lumbar pain 3. Lumbago 4. Lumbar sprain 5. Lumbosacral joint and ligament sprain 6. Spasm of muscle. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Flexeril 7.5mg, #60 SIG: BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg twice a day #60: Upheld

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

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Flexeril 7.5mg twice a day #60 is not medically necessary.