

Case Number:	CM14-0136336		
Date Assigned:	09/03/2014	Date of Injury:	03/15/2010
Decision Date:	10/27/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 60-year-old woman who sustained a work-related injury on March 15, 2010. Subsequently, she developed chronic low back pain. According to a progress report dated July 25, 2014, the patient complains of low back pain. She rates her pain as a 3/10 with medications and a 6/10 without medications. Her physical examination of the thoracic spine revealed full flexion, extension, and lateral bending. The spinous processes are non-tender to palpation and percussion. There is no midline shift. Her physical examination of the lumbar spine revealed no scoliosis, asymmetry or abnormal curvature and limited range of motion. On palpation, paravertebral muscles tenderness is noted on the left side. Lumbar facet loading is positive on both sides. Straight leg raising test is negative. Tenderness noted over the sacroiliac spine. Motor strength of EHL is 5/5 on right and 4/5 on left. Ankle dorsi flexor's is 5/5 on right and 5-/5 on left, ankle planter flexor's is 5/5 on right and 4/5 on left. Knee extensor's is 5/5 on both sides. Knee flexor's is 5/5 on both sides. Hip flexor's is 5/5 on both sides. Light touch sensation is decreased over L3-S1 dermatome on the left side. Her neurological examination was normal. The patient was diagnosed with lumbar facet syndrome, lumbar radiculopathy, and low back pain. The provider requested authorization to use Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg 1/2 to 1 tablet daily as needed Quantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 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. The patient in this case has been using Flexeril for many months on a daily basis without any significant reduction of spasm. There is no recent documentation of spasm exacerbation. Therefore, the request of Flexeril is not medically necessary.