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| Case Number: | CM14-0143366 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 09/02/2008 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/04/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 68-year-old gentleman was reportedly injured on September 2, 2008. The most recent progress note, dated August 1, 2014, indicates that there are ongoing complaints of low back pain and bilateral leg pain. Current medications include Flexeril, tramadol ER, and capsaicin cream. The physical examination demonstrated an antalgic gait with a temporary placement of a boot on his left foot. Ambulation was performed with the assistance of a cane. There was tenderness along the lumbar spine with spasms and decreased lumbar spine range of motion. Decreased sensation was noted at the bilateral L3 - S1 dermatomes. There was a bilateral straight leg raise test at 45° and decreased bilateral EHL and tibialis anterior strength rated at 4+/5. Diagnostic imaging studies of the lumbar spine revealed mild degenerative changes at L5 - S1 with a disc bulge flattening the anterior spinal canal. There was also slight narrowing of the left sided neural foramen. Previous treatment includes chiropractic care and oral medications. A request had been made for Flexeril and was not certified in the pre-authorization process on August 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #180: 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 (for pain) Page(s): 63-66 of 127.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbation of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbation. Additionally a review of the records indicates that the injured employee has been prescribed this medication for an extended period of time in this request for another 180 tablets does not indicate episodic short-term usage. For these reasons this request for Flexeril is not medically necessary.