

Case Number:	CM14-0147226		
Date Assigned:	09/15/2014	Date of Injury:	06/15/2009
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 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:

The injured worker is a 53 year old male who reported injury on 06/15/2009. The mechanism of injury was not specified. The diagnoses included low back pain, lumbar radiculopathy and post lumbar laminectomy. Past treatments include medications. There were no diagnostic test provided. The injured worker is post lumbar laminectomy with no dates given. The physical exam provided on 06/26/2014 was handwritten and largely illegible. The legible portion of the injured worker's complaints provided little information, he wanted to decrease his medication. The legible physical exam findings included ambulation without assistance, shortness of breath and tenderness to the lumbar spine on palpation. Medications included Norco, Gabapentin and Effexor. The treatment plan noted a decrease in Norco and to continue Gabapentin and Flexeril. The legible portion of the rationale was for a post laminectomy and stenosis. The request for authorization form for Flexeril 705mg was provided 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Flexeril 7.5mg, #30-prescribed 6/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 63-64.

Decision rationale: The request for Flexeril 7.5mg with a quantity of 30 that was prescribed 06/24/2014 is not medically necessary. The injured worker has a history of low back pain, lumbar radiculopathy and post lumbar laminectomy. The California MTUS guidelines state the use of muscle relaxants is recommended for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed-evidence does not allow for a recommendation for chronic use. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker had no complaints and he wanted to decrease his medications. The physical exam indicated tenderness to the lumbar spine; however, within the provided documentation, there is no indication that the injured worker has significant muscle spasms or functional deficits. The injured worker has been prescribed Flexeril since at least 03/2014; continued use of the medication would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Flexeril 7.5mg with a quantity of 30 that was prescribed 06/24/2014 is not medically necessary.