

Case Number:	CM14-0148444		
Date Assigned:	09/18/2014	Date of Injury:	06/12/2014
Decision Date:	11/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 24 year old male who reported an injury on 06/12/2014. The mechanism of injury was not submitted. He was diagnosed with lumbar strain. Past treatments included physical therapy and medication. On 08/21/2014 the injured worker reported his back pain was getting worse and he had radiating pain down the right leg to the foot. An x-ray of the lumbar spine showed transitional L5 with bilateral pseudo-sacralization, and minimal L4-5 disc degeneration. The injured worker had lumbar tenderness and stiffness, pain when walking on toes/heels and positive straight leg raising at 45 degrees. His treatment plan included authorization for an MRI of the lumbar spine, physiotherapy 6 sessions, Flexeril 10mg 1 every night and Motrin 800mg 1 three times a day. The requesting physician's rationale for the request was not indicated within the provided documentation. The request for authorization was submitted on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complains of worsening low back pain. There is no quantified documentation stating he has had any improvement in symptoms. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker has been prescribed Flexeril since at least 08/07/2014; the continued use of Flexeril would exceed the guideline recommendation for short term treatment. As such, the request is not medically necessary.