

Case Number:	CM14-0093729		
Date Assigned:	09/12/2014	Date of Injury:	11/29/2010
Decision Date:	10/23/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/20/2014

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 Neurological Surgery 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 records presented for review indicate that this 42 year-old female was reportedly injured on 11/29/2010. The mechanism of injury is noted as repetitive work and continuous trauma activities. The most recent progress note, dated 5/21/2014 indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated cervical spine: 2+ tenderness to palpation of the cervical paravertebral muscles. Limited range of motion. Decreased grip strength left compared to right. Muscle strength 5/5 bilateral upper extremities. Reflexes 2+. Sensory exam unremarkable. Lumbar spine: 2+ tenderness to palpation of the lumbar paravertebral muscles. Decreased range of motion. Positive straight leg raise test and Braggards test on the right. Decreased muscle strength on the right side compared the left. No recent diagnostic studies are available for review. Previous treatment includes cervical spine fusion, medications, and conservative treatment. A request had been made for Flexeril 10 mg #40, and was not certified in the pre-authorization process on 6/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, brand name: Flexeril 10mg, #40, 1 tab twice daily for muscle spasms.:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. There are no long-term studies supporting the use and this is not indicated for chronic or indefinite use. Furthermore, when noting the physical examination reported there is no clear indication of any efficacy or utility with the use of this medication. Given the claimant's date of injury (2010) and the current clinical presentation of chronic neck and low back pain, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.