

Case Number:	CM14-0213608		
Date Assigned:	01/12/2015	Date of Injury:	10/31/2012
Decision Date:	03/18/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old man sustained an industrial injury on 10/31/2012. The mechanism of injury is not detailed. Current diagnoses include myofascial pain syndrome, cervical and lumbar strain, cervical radiculopathy, and lumbosacral radiculopathy. Treatment has included oral medications, aqua therapy, acupuncture, cognitive behavioral therapy, 12 sessions of relaxation techniques using biofeedback, use of a morphine pump, and home exercise program. Physician notes dated 12/23/2014 show the physician is awaiting the report from QME specifically regarding acupuncture. It is stated that the worker would like more acupuncture. Medications are ordered for refills including Flexeril. On 11/24/2014, Utilization Review evaluated a prescription for Flexeril 7.5 mg one month supply that was submitted on 12/16/2014. The UR physician noted that Flexeril has been provided on a long term basis and there has been no discussion of a treatment plan or evidence of objective functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are myofascial pain syndrome; cervical and lumbar strain; cervical radiculopathy; and lumbar radiculopathy. Subjectively, the documentation is illegible. It appears to state "Waiting for QME report specifically regarding acupuncture". Objectively, Sperling's is positive on the right. Straight leg raising is positive on the right. The remainder of the objective documentation is illegible. The medical record is 10-pages in length. There was a single progress note in the medical record dated December 23, 2014. The start date for Flexeril is not known. Flexeril 7.5 mg #90 is a one month supply Flexeril, however, the guidelines recommend less than two weeks. There is no documentation of objective functional improvement associated with ongoing Flexeril use. Additionally, Flexeril is indicated for short-term (less than two weeks) use. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Flexeril with guideline recommendations not to exceed two weeks, Flexeril 7.5mg #90 is not medically necessary.