

Case Number:	CM14-0214790		
Date Assigned:	01/26/2015	Date of Injury:	09/27/2006
Decision Date:	02/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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:

The injured worker (IW) is a 56-year-old woman with a date of injury of September 27, 2006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are neck pain and cervical disc disease; low back pain and lumbar disc disease; radicular symptoms in the left lower extremity; and chronic pain syndrome. Pursuant to the progress report dated October 28, 2014, the IW complains of neck pain and low back pain. She rates her pain 4-5/10 with medications and 8-9/10 without medications. Current medications include Fentanyl patch 25mcg, Percocet 7.5/325mg, Flexeril 7.5mg, Gabapentin, Prilosec, Imitrex, and Glucophage. The IW reports the Flexeril provides good benefit with no side effects. Objectively, there is tenderness in the lumbar paraspinal muscles. She has pain with flexion and extension. Strength is 5/5, and sensation is decreased in the anterior thighs. Straight leg raise test is negative. Patrick's test is negative. The IW has been taking Flexeril since September 12, 2014, according to a progress note with the same date. It is unclear if this was a refill or new prescription. There is no evidence of objective functional improvement associated with the ongoing use of Flexeril. The current request is for Flexeril 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Pain Procedure Summary last updated 11/21/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg is not medically necessary. Muscle relaxants are recommended as a second line option for 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. In most low back pain cases, they show no benefit the unannounced rental anti-inflammatory drugs and pain and overall improvement. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are neck pain and cervical disc disease; low back pain and lumbar disc disease; radicular symptoms in the left lower extremity; and chronic pain syndrome. The documentation indicates the injured worker has been taking Flexeril since September 12, 2014. There is no evidence of objective functional improvement documented in the medical record. Flexeril is indicated for short-term (less than two weeks) treatment. The treating physician is clearly exceeded the guideline recommendations. Consequently, absent clinical documentation to support the ongoing use of Flexeril with objective functional improvement in excess of the recommended guidelines, Flexeril 7.5 mg is not medically necessary.