

Case Number:	CM14-0218593		
Date Assigned:	01/08/2015	Date of Injury:	06/24/2013
Decision Date:	03/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male with a history of lumbar laminectomy. The IW sustained a work related injury (mechanism unknown) on 6/24/2013, resulted in injury to the lower back. Treatment has included medication management, epidural steroid injection, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, heat, ice and home exercises. Diagnoses include lumbar degenerative disc disease and lumbar post laminectomy syndrome. The PR2 from 7/21/2014 noted the injured worker reported no relief from epidural steroid injection and that the 7.5 milligrams of Norco helped the pain better than 5 milligrams. The PR2s from 10/20/14 and 11/19/2014 state the injured worker reported continued low back and left leg pain that was controlled with medication management, home exercises, and heat/ice. The treatment plan included medications, continued heat/ice, and exercises. Work status is modified duty at this time. The Division of Workers' Compensation Request for Authorization for Medical Treatment (RFA) included requests Norco 10/325 milligrams, four times daily-#120 and Flexeril 7.5 milligrams-#60, twice daily. On 12/1/2014, the Utilization Review (UR) certified the prescription for Norco 10/325 milligrams and noncertified the prescription for Flexeril, noting lack of medical necessity. The MTUS-Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

Decision rationale: The patient presents with chronic low back and leg pain with numbness in the left leg. The current request is for FLEXERIL 7.5 MG #60. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." This patient has been utilizing Flexeril since at least 6/3/14. In this case, the treating physician has prescribed Flexeril for long term use and MTUS Guidelines support the use of Flexeril for short course of therapy and not longer than 2 to 3 weeks. The requested Flexeril IS NOT medically necessary.