

Case Number:	CM14-0057993		
Date Assigned:	07/09/2014	Date of Injury:	09/12/2000
Decision Date:	06/09/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old male with an industrial injury dated 08/06/2000. His diagnoses/impression includes low back pain and muscle spasms and lumbar sprain/strain with lumbar degenerative disk disease. Prior treatment includes medication, TENS unit and exercises. He presents on 04/07/2014 with complaints of flare-up of back pain. He reports intermittent back spasms and cramps in his back and his leg. Physical exam of lower back reveals limited range of motion. He reports altered sensory loss at the left lateral calf and bottom of his foot. He ambulates with a limp with the left lower extremity. Palpation revealed muscle spasm in the lumbar trunk. The provider documents the injured worker states he cannot function without his pain medications. He uses Norco anywhere from 1-3 day when he has severe pain and occasional ibuprofen use when he has pain. He also stakes Flexeril occasionally for severe muscle spasm. He rates his pain as 8/10; at best a 7/10 with his medications and at worst a 10/10 without medication. The provider also documents the injured worker is under a narcotic contract with the office and urine drug screens have been appropriate. He reports at least 50% functional improvement with medications. Treatment plan included pain management with Norco and Flexeril and to continue exercises as instructed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.