

Case Number:	CM15-0100548		
Date Assigned:	06/03/2015	Date of Injury:	04/05/2011
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 73 year old, male who sustained a work related injury on 4/5/11. The diagnoses have included lumbar discogenic pain and left leg radicular pain. Treatments have included chiropractic treatments, lumbar epidural steroid injections, medications, home exercises and physical therapy. In the PR-2 dated 5/5/15, the injured worker complains of a gradual progression in his low back pain with radiating pain down left leg after a lumbar epidural steroid injection nearly eight months ago. He has tenderness to palpation of lumbar paraspinals with spasm. Lumbar range of motion is limited by pain. The Slump test is mildly positive in the left leg. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG Qty 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement with previous use of Flexeril. Therefore, the request for FLEXERIL 10 MG #45 is not medically necessary.