

Case Number:	CM15-0010141		
Date Assigned:	01/27/2015	Date of Injury:	07/16/2007
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 42 year old male, who sustained an industrial injury on 7/19/2000. He has reported back injury. The diagnoses have included depressive disorder, pain disorder, anxiety disorder, facet arthrosis of L4-5, chronic back spasms and elevated liver enzymes. Treatment to date has included spinal fusion with instrumentation and decompression, physical therapy, home exercise program and medications. Currently, the IW complains of constant back pain with shooting pain in his right leg with numb sensation and severe cramps, right shoulder pain, inability to raise his arm above shoulder level and feels very depressed. The injured worker reports 50 % reduction in pain with medications. On 12/18/14 Utilization Review non-certified Flexeril 10mg # 30, noting the muscle relaxant is not indicated for longer than 2-3 weeks and the injured worker has been utilizing them since 9/13. The MTUS, ACOEM Guidelines, was cited. On 1/16/15, the injured worker submitted an application for IMR for review of Flexeril 10mg # 30.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2006. The medical course has included numerous treatment modalities and use of several medications including muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 12/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to flexeril to justify use. Additionally, spasms are not documented on physical exam. The medical necessity of flexeril is not substantiated in the records.