

Case Number:	CM15-0011768		
Date Assigned:	01/29/2015	Date of Injury:	09/16/1996
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: 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 is a 58 year old female, who sustained an industrial injury on 9/16/1996. She has reported neck and back pain. The diagnoses have included neck pain, right shoulder pain, bilateral carpal tunnel syndrome and chronic low back pain. Treatment to date has included chiropractic treatments, epidural injections, oral medications and cervical fusions. (MRI) magnetic resonance imaging of lumbar spine was updated; however the report is not located with the documentation. Currently, the injured worker complains of ongoing neck, back and bilateral wrist pain. The progress noted dated 11/25/14 noted ongoing tenderness to the cervical and lumbar paraspinal muscles; she noted decreased pain with right leg lift following epidural injection. On 1/8/15 Utilization Review non-certified a retrospective prescription for Flexeril 7.5mg, noting long term use of muscle relaxants is not recommended and no explicit documentation of muscle spasms on physical exam. The MTUS, ACOEM Guidelines, was cited. On 1/9/15, the injured worker submitted an application for IMR for review of retrospective prescription for Flexeril 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 7.5mg dispensed (11/25/14) quantity 15.00: 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, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retrospective Flexeril 7.5mg dispensed (11/25/14) quantity 15.00 is not medically necessary and appropriate.