

Case Number:	CM15-0111803		
Date Assigned:	06/18/2015	Date of Injury:	02/05/2013
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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 58 year old female with an industrial injury dated 02/05/2013. The injured worker's diagnoses include low back pain, lumbar spondylosis, grade one spondylolisthesis at L4-5, spinal stenosis at L4-5, lumbar facet arthropathy and chronic pain syndrome. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine dated 05/01/2013, prescribed medications, home exercise therapy and periodic follow up visits. In a progress note dated 05/08/2015, the injured worker presented for reevaluation for her low back. The injured worker rated low back pain a 7-8/10 without medications and a 3-4/10 with medications. Objective findings revealed antalgic gait, sciatic notches mildly painful to palpitation, tenderness to palpitation of the bilateral sacroiliac joints, tenderness to palpitation of the paraspinal muscles with spasm and limited active range of motion due to pain. The treating physician prescribed Flexeril 7.5mg #60 now under review.

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 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 evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore, the request for authorization of Flexeril 7.5mg is not medically necessary.