

Case Number:	CM15-0112827		
Date Assigned:	06/19/2015	Date of Injury:	03/25/2013
Decision Date:	07/20/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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 (IW) is a 41-year-old male who sustained an industrial injury on 03/25/2013. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having chronic back pain secondary to lumbar degenerative disease, lumbar radiculopathy, osteoarthritis of a spinal facet joint, spinal stenosis of lumbar region, lumbar post laminectomy syndrome, leg pain, and neck pain. Treatment to date has included back surgery (11/10/2104), epidural steroid injections (08/01/2013 and 09/24/2013), medications and medication management with a pain management specialist. Currently, the injured worker complains of chronic low back pain. He has a right sided limp. He reports that pain without medications is 9-10/10 and with medications, the pain is 6-7/10. On exam, he has severe tenderness to palpation on the lumbar region. He is unable to perform straight leg raise. Flexion is 90% restricted, extension 90% restricted, lateral bending is 60 % restricted bilaterally. He also complains of cervical spine pain with reduced range of motion. Medications include Percocet, Flexeril, Trazadone, Prilosec and Motrin. According to provider notes, the IW's medications provide him the ability to perform basic activities of daily living and some daily activities that provide quality of life. A request for authorization is made for Flexeril 10 mg Qty 90, 3 times daily and Motrin 800 mg Qty 90, 3 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 90, 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Muscle relaxants.

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 of 2013. 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 Flexeril 10 mg Qty 90, 3 times daily is not medically necessary and appropriate.

Motrin 800 mg Qty 90, 3 times daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there is functional efficacy derived from treatment rendered enabling the patient to continue functioning. The Motrin 800 mg Qty 90, 3 times daily is medically necessary and appropriate.