

Case Number:	CM15-0113427		
Date Assigned:	06/19/2015	Date of Injury:	06/29/2009
Decision Date:	07/20/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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 55 year old male, who sustained an industrial injury on 6/29/2009. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbosacral spondylosis without myelopathy, esophageal reflux, depressive disorder, not elsewhere classified, and drug induced constipation. Treatment to date has included diagnostics, mental health treatment, spinal cord stimulator trial, and medications. Currently, the injured worker complains of chronic low back and left leg pain, with aching, cramping and numbness. His pain was constant and he felt as though it was getting worse. Pain level was 6-8/10 with medications and 9-10/10 without. He reported that medication regime, activity restrictions, and rest allowed him to complete activities of daily living. His evaluation for pain pump trial had been approved. Current medications included MS Contin, Norco, Lyrica, DSS and Senna, Wellbutrin, and Flexaril. Side effects of medications were depression, drowsiness, dizziness, blurred vision, weight gain, lack of concentration, constipation, and insomnia. Physical exam noted ambulation with a cane and significant left limping. Exam noted increased tenderness and tightness over the lumbosacral region, painful and decreased range of motion, positive straight leg raise test on the left, hypoesthesia and dyesthesia to the entire left leg, atrophy of the left leg, left foot drop, and allodynia and hypoesthesia to touch. The treatment plan included continued medications. The use of the requested medications was noted since at least 9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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 2009. 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 10mg #90 is not medically necessary or appropriate.