

Case Number:	CM15-0117390		
Date Assigned:	06/25/2015	Date of Injury:	06/21/2007
Decision Date:	07/24/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/17/2015

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 46 year old female who sustained an industrial injury on June 21, 2007. She has reported back pain and has been diagnosed with lumbar disc displacement without myelopathy. Treatment has included medications, injection, and physical therapy. The musculoskeletal examination noted normal muscle tone in all extremities. She is status post lumbar epidural steroid injection on January 20, 2015 with significant decrease in her lower extremity pain. She states she is not sure how much Topamax is helping at this time. She is using 100 mg per day, which she has been on for over a year. She does continue with use of the hydrocodone, which provides decrease in pain. The treatment request included flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) 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. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril 5mg is not justified. Therefore, the request of Flexeril 5mg, #90 is not medically necessary.