

Case Number:	CM15-0118655		
Date Assigned:	06/26/2015	Date of Injury:	09/25/2011
Decision Date:	07/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41-year-old female who sustained an industrial injury on 09/25/2011. Mechanism of injury occurred while at work when she bent down to pick up laundry and her hernia, which she already had, became incarcerated and she had surgery the next day. She had pain in the abdomen/groin, and spinal cord and back. Diagnoses include lumbar spine L5-S1 posterior disc protrusion and symptoms of bilateral lower extremity radiculitis and umbilical/ventral hernia. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, and home exercises. Work status is not documented. A physician progress note dated 06/03/2015 documents the injured worker has had a 2-week flare up of low back pain and bilateral leg numbness. The injured worker finds that the Flexeril helps to reduce the tightness in her back. The Flexeril 10mg Qty: 100 treatment plan includes physical therapy, chiropractic sessions, and a lumbar cushion. Treatment requested is for Flexeril 10mg Qty: 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg qty: 100: 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): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #100 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar spine L5-S1 posterior disc protrusion with symptoms of bilateral lower extremity radiculitis; umbilical/ventral abdominal hernia. The date of injury is September 25, 2011. A medical legal medical record review dated April 11, 2014 contains an entry indicating Zanaflex was prescribed as far back as April 26, 2012. Flexeril first appears in the medical record on December 18, 2014. Flexeril is continued through June 3, 2015. Subjectively, the injured worker states there is an acute flare of the low back pain. However, the injured worker has been taking muscle relaxants steadily since April 26, 2012. The injured worker has been using muscle relaxants approximately 2.5 years. The guidelines recommend short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider has clearly exceeded the recommended guidelines. Consequently, absent compelling clinical documentation to support the ongoing use of Flexeril and evidence of objective functional improvement from Flexeril (and prior Zanaflex use), Flexeril 10mg #100 is not medically necessary.