

Case Number:	CM15-0119237		
Date Assigned:	06/29/2015	Date of Injury:	03/28/2001
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
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

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 59 year old male who reported an industrial injury on 3/28/2001. His diagnoses, and/or impressions, are noted to include: lumbar strain; quadratus lumborum strain; lumbosacral ligament/muscle strain and spasms; and bilateral lumbosacral radiculopathy. No current imaging studies are noted. His treatments are noted to include lumbosacral epidural steroid injection therapy (5/19/15); a home exercise program; medication management; and return to modified work duties. The progress notes of 1/28/2015 reported increased muscle spasms in the lumbar spine, and increased radicular symptoms. Objective findings were not noted. The physician's requests for treatments were noted to include the continuation of medications, the Utilization Review notes Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 90 tablets of Flexeril 5mg with 2 refills between 5/18/2015 and 5/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

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 2001. 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 Retro: 90 tablets of Flexeril 5mg with 2 refills between 5/18/2015 and 5/18/2015 is not medically necessary and appropriate.