

Case Number:	CM15-0121045		
Date Assigned:	07/01/2015	Date of Injury:	04/15/2012
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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:

This 49 year old male sustained an industrial injury to the back on 4/15/12. Previous treatment included magnetic resonance imaging and medications. Magnetic resonance imaging lumbar spine (5/26/15) revealed a new large disc herniation. In the most recent PR-2 submitted for review, dated 4/13/15, the injured worker has continued complaints of pain rated 4/10 on the visual analog scale. The injured worker reported that his quality of sleep was poor and his activity level had decreased. Physical exam was remarkable for lumbar spine with loss of normal lordosis with straightening of the lumbar spine, restricted range of motion, tenderness to palpation to the paraspinal musculature with tenderness to palpation, positive left lumbar facet loading and Faber test and decreased sensation to the left lower extremity. Current medications included Flexeril, Lidoderm patch, Norco, Gabapentin, Aspirin, Lipitor and Lopressor. Current diagnoses included backaches not otherwise specified. The treatment plan included refilling Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: 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, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. 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 #30 is not medically necessary or appropriate.