

Case Number:	CM15-0123222		
Date Assigned:	07/07/2015	Date of Injury:	02/04/2013
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 02/04/2013. Initial complaints and diagnosis were not clearly documented. On provider visit dated 05/27/2015 the injured worker has reported neck pain that radiates up to his head. Pain in the lower back and left knee as well was noted. The injured worker has noted that current medication regimen has given him functions improvement and improvement in pain. On examination of the injured worker was noted to be tender from occiput to scrum, tenderness to the left buttock was noted and a limited cervical range of motion was noted. The diagnoses have included status post fall over two year's prior, herniated nucleus pulposus of the lumbar and cervical spine. Total body deconditioning, status post head trauma and anxiety and depression. Treatment to date has included medications: Tramadol, Flexeril and Naproxen, and home exercise program. The provider requested Flexeril and neurologist consultation and treatment.

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 Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Flexeril. The patient has been taking Flexeril for an extended period, long past the 2-3 weeks recommended by the MTUS. There is only minimal functional improvement documented from any previous use in this patient. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Therefore, this request for Flexeril 10mg #90 is not medically necessary.

Neurologist Consult and treat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. There was no evidence of any significant change in the patient's symptomology to warrant the request for a consultation. Therefore, the request for neurologist consult and treat is not medically necessary.