

Case Number:	CM15-0126296		
Date Assigned:	07/14/2015	Date of Injury:	07/18/2013
Decision Date:	08/07/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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 68 year old male who sustained an industrial injury on 7/18/13. Diagnoses include lumbar radiculopathy, lumbar spondylosis, lumbar muscle spasms, and status post bilateral total hip arthroplasty. In a report of pain medication and request for treatment dated 5/4/15, the treating physician notes the injured worker has been utilizing symptomatic medications as needed. He has been attending a course of physical therapy with temporary benefit reported. Current complaints are of lumbar spine pain radiating down the lower extremities, rated as 7/10 without medications and 2/10 with medications. Aggravating factors are prolonged standing, walking, and bending and pain decreases with rest and medication. There is tenderness to palpation over the paraspinal musculature and spinous processes with spasm present. Lumbar spine range of motion is limited on all parameters. Straight leg raise is positive bilaterally. Sensory response is decreased in the left L4 and L5 dermatomes. Work status is to remain off work until 7/1/15. He continues to meet the goals of opioid therapy and takes his medications only as prescribed. They are managing his pain adequately so he is able to function and perform activities of daily living without side effects. Prescribed today are Norco 10/325mg 1 every 4 hours as needed for pain, no refills and Flexeril 10 mg, 1 each night as needed for spasms, no refills. The requested treatment is Flexeril 10mg, #30, no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 no refills: 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 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 exacerbation 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 is not justified. Therefore, the request for Flexeril 10mg #30 is not medically necessary.