

Case Number:	CM15-0126400		
Date Assigned:	07/10/2015	Date of Injury:	06/10/2009
Decision Date:	08/12/2015	UR Denial Date:	06/12/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male who sustained an industrial injury on 6/10/09. Diagnoses are chronic pain syndrome, disc disorder with myelopathy-lumbar, and disc disorder with myelopathy-cervical. He is status post lumbar spine surgery-8/2/13 and cervical spine surgery 8/26/09. In a progress report dated 2/13/15, the treating physician notes the injured worker complains of pain, numbness, tingling , and weakness in both legs, not dermatomal pain. Exam notes the lumbar spine has limited range of motion and pain with range of motion. He does not exercise due to severe pain. The pain index is 6/10. Current medications are Soma 350mg twice a day, Kadian ER 100mg every 12 hours, Lorazepam 2mg three times a day, Oxycodone HCL 15mg every 4-6 hours, and Potassium CL ER 10 meq daily. The treatment plan is Soma has been changed to Cyclobenzaprine, decrease Oxycodone to 4 times a day, and add Gabapentin with increasing dose as tolerated. Side effects and chronic pain medication weaning were discussed with the injured worker. The requested treatment is 1 prescription for Flexeril 10mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.