

Case Number:	CM15-0174970		
Date Assigned:	09/16/2015	Date of Injury:	08/17/2000
Decision Date:	10/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 August 17, 2000. Past history included left shoulder arthroscopy with subacromial decompression October 2011, carpal tunnel release surgery, and lumbar fusion with instrumentation L4-S1 August 14, 2012. Diagnoses are cervicalgia; pain in thoracic spine; lumbago; unspecified myalgia and myositis. According to a primary treating physician's progress report dated August 13, 2015, since last being seen, he has had a lot more spasms. He helped his daughter move and he had a flare-up of pain, mostly in the sacroiliac joint region. The pain is constant and sharp, rated 4-5 out of 10. With Flexeril, the pain is tolerable and rated 2 out of 10. Flexeril is the only prescription he takes for pain. Objective findings included; able to transfer from sit to stand with some stiffness and guarding; ambulates with a stiff non-antalgic gait; functional range of motion, 5 out of 5 strength in the lower extremities; intact sensation to light touch that is equal bilaterally; tenderness to palpation in the left gluteal bursa region. Treatment plan included continue home exercises at current level; yoga sessions, and at issue, a request for authorization dated August 20, 2015, for Flexeril 10mg #60. According to utilization review dated August 27, 2015, the request for Flexeril 10mg Quantity: 60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back, shoulder and wrist pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.