

Case Number:	CM15-0021517		
Date Assigned:	02/11/2015	Date of Injury:	11/27/2009
Decision Date:	04/09/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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: California, Arizona

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:

The injured worker is a 54-year-old female who reported an injury on 11/27/2009. The mechanism of injury occurred when she hit her head on the door frame while entering her truck. Her diagnoses include lumbar spondylolisthesis, spinal stenosis, instability, radiculopathy, and disc herniation. Her past treatments included surgery, physical therapy, chiropractic treatment, injections, TENS unit, acupuncture, cognitive behavioral therapy, pain management, and medications. On 11/17/2014, the injured worker complained of sleep disturbance, diminished energy, negative thinking, and avoidance. The examination revealed physical discomfort with impaired mental status. The treatment plan included individual psychotherapy. Her relevant medications were not noted for review. The treatment plan included Lunesta tab 2 mg #30 and Flexeril 10 mg #60. The rationale was not provided for review. A Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

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

Decision rationale: The request for Flexeril 10 mg #60 is not medically necessary. According to the California MTUS Guidelines, Muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker was indicated to have been prescribed Flexeril. However, there was lack of documentation to indicate the injured worker had an acute exacerbation with chronic low back pain. Furthermore, the guidelines do not recommend the use of muscle relaxants due to diminishing efficacy over time and the indication that prolonged use leads to dependence. Based on the above, the request is not supported by the evidence-based guidelines. Furthermore, there is also a lack of documentation to indicate the injured worker had muscle spasms upon examination. As such, the request is not medically necessary.