

Case Number:	CM15-0023875		
Date Assigned:	02/13/2015	Date of Injury:	09/14/1994
Decision Date:	04/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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 56 year old female, who sustained an industrial injury on 9/14/1994. The diagnoses have included lumbar spine sprain/strain, lumbar musculoligamentous injury, lumbar spine radiculopathy, lumbar spine surgery times two and depression. Treatment to date has included surgical intervention and medication. According to the interventional pain management follow-up evaluation report dated 11/7/2014, the injured worker complained of lumbar spine pain which she rated as 7/10. She described the pain as constant sharp and dull radiating to the bilateral legs, left greater than right down to the heel with numbness and tingling. She stated that medications were helping with pain. Objective findings revealed that the injured worker ambulated with a cane. Lumbar spine exam revealed tenderness, guarding and spasm over the paraspinal muscle and rhomboid muscle. Lumbar range of motion was decreased. Authorization was requested for medications. On 1/14/2015, Utilization Review (UR) non-certified a request for Flexeril 10mg #60. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26, Page 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Flexeril 10mg #60 is not medically necessary.