

Case Number:	CM15-0062022		
Date Assigned:	04/07/2015	Date of Injury:	08/30/2013
Decision Date:	05/14/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 43 year old male, who sustained an industrial injury on 08/30/2013. He reported neck, upper and lower back, and left hip injuries. The injured worker is currently diagnosed as having cervicgia, upper back, lower back and left hip strain. Treatments to date have included physical therapy, chiropractic treatment and medications. The investigations completed are cervical spine MRI, thoracic spine MRI and lumbar spine MRI. The 2014 MRI of the cervical spine did not show significant disc bulge or stenosis. In a progress note dated 03/09/2015, the injured worker presented with complaints of persistent discomfort to the posterior cervical muscles. The IW reported to using only Ibuprofen as needed for pain. The treating physician reported treatment plans as prescription for Flexeril as needed for spasms, Celecoxib for pain and referral to PMR for trigger point injections. This request is for authorization of Flexeril with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedatives. The guidelines recommend that the use of muscle relaxants be limited to less than 4 weeks period to minimize the development of the adverse effects. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum period of 4 weeks. There is no documentation of failure of treatment with NSAIDs and PT. The patient reported maintenance of function with utilization of OTC ibuprofen when necessary. The criteria for the use of Flexeril 10mg #30 was not met. Therefore this request is not medically necessary.

Flexeril 10mg times 5 refills qty: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedatives. The guidelines recommend that the use of muscle relaxants be limited to less than 4 weeks period to minimize the development of the adverse effects. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum period of 4 weeks. There is no documentation of failure of treatment with NSAIDs and PT. The patient reported maintenance of function with utilization of OTC ibuprofen when necessary. The criteria for the use of Flexeril 10mg 5 Refills #150 was not met. Therefore this request is not medically necessary.