

Case Number:	CM15-0071082		
Date Assigned:	04/21/2015	Date of Injury:	06/09/2013
Decision Date:	06/01/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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: Massachusetts

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 46 year old male, who sustained an industrial injury on 06/09/2013. According to a progress report dated 03/23/2015, the injured worker was seen for low back pain. He had completed his first round of physical therapy status post-surgery performed on 09/08/2014. He was working on his home exercise program and was trying to do a crunch when he felt a pop in his low back and has had increase pain since then. He felt that his pain had returned to what it was prior to the surgery. Medications were helpful and well tolerated and included Naproxen, Omeprazole, Cyclobenzaprine and Norco. He had stopped taking Norco after surgery but has started taking it 4 times a day with his increased pain. Medications allowed him to complete his activities of daily living and improved his quality of life. He complained of stabbing and aching in the low back with burning in his buttocks and posterior lower extremities. He had numbness and tingling in his feet and groin. Pain was rated 9 on a scale of 1-10 without medications and 5-6 with medications. Pain was unchanged since his last appointment. Diagnoses included L4-5 degenerative disc disease, sprain of lumbar region, left lumbar radiculopathy, lumbar discogenic pain, chronic pain syndrome, myofascial pain, depression, anxiety and low back pain. The possibility of a spinal cord stimulator was discussed. Prescriptions were given for Norco and Flexeril. Currently under review is the request for Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril
Page(s): 41-42.

Decision rationale: Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the injured worker has been taking his medication chronically. At this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.