

Case Number:	CM15-0097921		
Date Assigned:	05/29/2015	Date of Injury:	12/02/2010
Decision Date:	06/29/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/20/2015

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: Emergency 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 38-year-old male, who sustained an industrial injury on 12/2/10. Initial complaints were not reviewed. The injured worker was diagnosed as having intervertebral disc disorder; spinal stenosis of lumbar region; disc disease-lumbar; spasms of muscle; restless leg syndrome; lumbago; thoracic sprain; decreased libido. Treatment to date has included medications. Currently, the PR-2 notes dated 4/21/15 indicated the injured worker is in the office for a scheduled follow-up visit. He states that his pain has worsened. He is not taking his medications as prescribed due to running out and was told since the provider did not reduce his medications, they have cut them altogether. He reports pain in low back, buttock, right thigh and foot. His current medications are Flexeril, Norco and Amitriptyline. The provider notes the injured worker appears to be in severe pain and is fatigued, depressed, tearful and slight. His physical examination notes lumbar examination with tenderness in the lumbar spine musculature with tight muscle band palpated. He has decreased flexion and extension with decreased lateral bending. He has straight leg raise test as positive at 30 degrees in lying position. The patellar reflexes on the left are 2/4 and 1/4 on the right. The left foreleg is abnormal at 35.5cm at 13cm below the tibial tubercle with the right being abnormal 37.8cm at the same distance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasmodics.

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

Decision rationale: The requested Flexeril 10 mg #60 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in low back, buttock, right thigh and foot. His current medications are Flexeril, Norco and Amitriptyline. The provider notes the injured worker appears to be in severe pain and is fatigued, depressed, tearful and slight. His physical examination notes lumbar examination with tenderness in the lumbar spine musculature with tight muscle band palpated. He has decreased flexion and extension with decreased lateral bending. He has straight leg raise test as positive at 30 degrees in lying position. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10 mg #60 3 refills is not medically necessary.