

Case Number:	CM14-0151989		
Date Assigned:	09/22/2014	Date of Injury:	10/23/2012
Decision Date:	11/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old male who reported an injury on 10/23/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic low back pain, right lower extremity greater than left pain. The previous treatments included medication and TENS unit. Within the clinical note dated 08/04/2014 it was reported the injured worker complained of lower back pain. He rated his pain 7/10 in severity. The medication regimen included Norco, Flexeril, gabapentin, omeprazole, Relafen. Upon the physical examination of the lower back, the provider noted the injured worker had tenderness to palpation at the L3-4 level. There were right sided paraspinal spasms at the L3-4 level. The injured worker had a positive straight leg raise on the right side and negative on the left side. The request submitted is for Flexeril. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12ed. McGraw Hill 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63 64.

Decision rationale: The request for Flexeril 10mg #90 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time since at least 05/2014 which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.