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| Case Number: | CM13-0007624 | | |
| Date Assigned: | 09/17/2013 | Date of Injury: | 11/20/2006 |
| Decision Date: | 02/21/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/05/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 patient is a female with a date of injury of 11/20/06. She had a right knee scope in 2011, right knee arthroscopy with meniscus repair in 2012. She had left knee total knee arthroplasty in 4/2012. Treatment has been bilateral physical therapy and cortisone injections. The report dated 6/5/13 states the patient has 6/10 low back pain radiating to the right leg. She states her Flexeril 10mg tid and Percocet provides 80% relief. On exam 7/31/13, the patient is 5'7" and 221 pounds with BMI of 35. There is no indication of spasm on exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS Chronic pain guidelines state the Flexeril should only be used for a short course of therapy. They state that the medication is most effective in the first four days of treatment. The patient has been taking his medication for an extended period of time, greater than the two to three weeks recommended. In addition, there is no documentation of

functional benefit for this medication. Therefore as guidelines do not recommend long-term therapy with this medication, it is not medically necessary.