

Case Number:	CM13-0067274		
Date Assigned:	01/03/2014	Date of Injury:	10/09/2009
Decision Date:	08/07/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine, has a subspecialty in Preventive 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain, joint pain, and reflex sympathetic dystrophy of the lower extremity reportedly associated with an industrial injury of October 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; sleep aid; and muscle relaxants. In a Utilization Review Report dated December 11, 2013, the claims administrator approved a request for Norco while denying a request for Flexeril. The applicant's attorney subsequently appealed. In a December 2, 2013 progress note, the applicant presented with 6-7/10 low back pain. The applicant was using Norco, Flexeril, Voltaren gel, Lidoderm patches, Xanax, Ambien, and Neurontin. The applicant was status post earlier knee surgery. The applicant had reportedly retired from work. The applicant was obese, with The body mass index (BMI) of 30. A slow and antalgic gait was noted. Palpable metal hardware about the left lobe was noted with associated hyperalgia and allodynia. The applicant was prescriptions for Norco and Flexeril, the latter of which has apparently been used thrice daily. The applicant was also using Neurontin thrice daily and Xanax daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG, TAKE 1 TABLET THREE TIMES A DAY, # 90, 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pages 74-82, Muscle Relaxants, pages 41, 63.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic and adjuvant medications, including Norco, Ambien, Neurontin, Xanax, etc. Adding Flexeril to the mix, particularly at the thrice daily usage proposed by the attending provider, is not recommended. Therefore, the request is not medically necessary.