

Case Number:	CM13-0067364		
Date Assigned:	01/03/2014	Date of Injury:	07/31/2001
Decision Date:	04/22/2014	UR Denial Date:	12/12/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 56-year-old male who reported an injury on 07/23/2001. The mechanism of injury was not submitted. The patient was diagnosed with status post multiple knee arthroscopies, degenerative joint disease, lumbar sprain/strain, lumbar degenerative disc disease, and bilateral carpal tunnel release. The patient complained of pain to the right knee, back, and bilateral hands. The patient rated his pain at 6-9/10. The patient stated he occasionally uses Flexeril for back spasms and Lyrica at night for burning pain in the legs. The patient also uses Norco twice a day and a Butrans pain patch at 5 mcg/hour weekly. The patient had decreased range of motion with the lumbar spine. The patient also had sensory loss to the bottom of the left foot. Palpation revealed muscle rigidity in the lumbar trunk with loss of lordotic curvature. The patient was recommended Flexeril 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30: Upheld

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

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

Decision rationale: CAMTUS states Flexeril is recommended for a short course of therapy. The guidelines also state limited, mixed evidence does not allow for recommendation for chronic use. The patient stated he used Flexeril occasionally for back spasms. However, the clinical documentation submitted for review does not show how long the patient has been using Flexeril as the guidelines recommend a short course of therapy. Given the lack of documentation to support guideline criteria, the request is non-certified.