

Case Number:	CM14-0017664		
Date Assigned:	04/16/2014	Date of Injury:	08/05/2003
Decision Date:	06/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/12/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 46-year-old female who sustained a slip and fall on 8/5/2003 which resulted in injury to both knees, both hips, right shoulder, both wrists, and her low back. She has undergone 2 left knee arthroscopies, a left total knee replacement, and a right rotator cuff surgery. She continues to complain of pain and tenderness over both trochanters, and knees. Her grip strength on the right is 4/5 and she has decreased sensation to light touch on the right hand. She has weakness in both shoulders with pain on motion. Examination of July 26, 2013 notes that the patient is complaining of increased pain since her last visit with no change in the location of the pain. She reports a constant state of drowsiness, her quality of sleep is poor and quality of life has worsened. Examination of August 2, 2013 states that the pain level has increased since the last visit, yet the patient states the medication is working well; she rates it a 7/10. The pain in her shoulders is getting worse. Examination of August 9, 2013 states that her pain level is increasing and her quality of sleep is poor. Examination of September 13, 2013 notes pain level is worse yet the patient states the medication is working well. Examination of October 4, 2013, once again states her pain is getting worse but the medication is working well. The patient has been on Flexeril for at least 2 years and a request is made to continue the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF FLEXERIL 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 1, Cyclobenzaprine , Page(s): 41-42.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment and that subjective report of pain severity may not correlate well with functional impact. Flexeril is recommended as an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. It is associated with drowsiness and is a central nervous system depressant. In this case, there are several notes which state there is an increasing level of pain with each successive visit and yet each note says that the medication is working well. There is no documentation of the functional improvement which Flexeril added to the treatment program. In addition, the MTUS guidelines suggest that Flexeril be used for a short course of therapy. This patient has been on it for a long period of time. Also, there are visits in which the patient complained of excessive drowsiness which is one of the side effects of Flexeril and this was not addressed. The request for Flexeril 10mg # 60 is not medically necessary and appropriate.