

Case Number:	CM14-0017967		
Date Assigned:	04/16/2014	Date of Injury:	11/03/2000
Decision Date:	05/09/2014	UR Denial Date:	02/10/2014
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 Internal Medicine, 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 43-year-old female with a date of injury of 11/03/2000. The mode of injury was the injured worker was a greyhound bus driver who sustained multiple injuries during a bus accident. The injured worker sustained an open book pelvis fracture and nerve injuries resulting in left foot drop. The injured worker also had a ruptured spleen and had a Greenfield filter placed for blood clots. The injured worker was bedridden for 2 years after accident. The injured worker has diagnosis of ankle pain, left, foot drop, left, incontinence of urine, chronic UTI (Urinary Tract Infection), depression, closed head injury, headaches due to old injury, neck pain, shoulder pain, arm pain, numbness, history of ankle fusion, and history of pelvic fractures/open book. The injured worker was seen on 07/09/2013 for a re-evaluation of her multiple injuries sustained during a bus accident. The injured worker uses Neurontin and baclofen for pain management, and Norco 2 tablets twice a day. The injured worker states she has numbness in her face, neck, head, hands, fingers, and toes and has complaints of shoulders and hips that feel tight and sore. The injured worker notes that she has sharp, piercing wrist pain, rates her pain as 10/10 without medication and 7/10 with medication. It is made worse with sitting, standing, walking, bending, lifting, and lying down. The physician notes the condition is better with medications. On examination, the injured worker has tenderness and moderate enlargement of the left ankle. The injured worker also has orthotic boot in place and has not been able to remove that when ambulating and has increased pain without the boot for support. The injured worker has a very antalgic gait with sensation intact to light touch to the left ankle. The physician also noted the injured worker is to continue with her current medications. The injured worker indicates opioid medications help control her pain and increase her function and she is able to perform increased ADLs (Activities of Daily Living). with her medication and

denies any significant side effects with the medication. The physician notes there is no aberrant behavior. Plan is for the injured worker to return in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

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

Decision rationale: California MTUS Guidelines note cyclobenzaprine is recommended as an option, for a short course of therapy. The guidelines also recommend opioid medications for chronic pain and for another preferred option. Treatments with this medication should be brief and the addition of cyclobenzaprine to other agents is not recommended. The documentation provided from 07/09/2013 noted Neurontin, baclofen, and Norco have been controlling her pain and working well for the injured worker at this time. There were no objective findings in the assessment to show the injured worker's pain level had been increasing, and a decrease in functionality or activities of daily living to support the necessity of the addition of the Flexeril. The request as submitted also failed to provide the frequency of the medication to determine necessity. Therefore, the request for Flexeril 20mg #60 is not medically necessary and appropriate.