

Case Number:	CM14-0138848		
Date Assigned:	09/05/2014	Date of Injury:	04/24/2002
Decision Date:	10/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 claimant is a 55-year-old, female with a date of injury on 04/24/02. The medical records provided for review document that the claimant has chronic complaints of pain in the left knee. The records also document that the claimant is status post revision arthroplasty for infection in May 2014 at which time an intraoperative patellar tendon rupture noted. On the 07/02/14 office visit, physical examination showed motion from 15 to 75 degrees with a healing incision, no signs of infection and resolving effusion. The recommendations at that time were for continuation of physical therapy, continuation of CPM machine and medication management to include Flexeril. There was no other documentation of recent clinical findings or imaging reports for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, Quantity 120: 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 (for pain) Page(s): 63.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for continued use of Flexeril cannot be recommended as medically necessary. The medical records document that the claimant is status post revision knee arthroplasty in May, 2014. There is no documentation of acute clinical findings to support the need for oral muscle relaxants. The Chronic Pain Guidelines recommend that muscle relaxants should be utilized with caution as second line agents for inflammatory processes in the chronic setting. This individual is still undergoing acute clinical treatment perioperatively for infected knee replacement surgery. The role of continued muscle relaxant agents would not be indicated as medically necessary.