

Case Number:	CM14-0165900		
Date Assigned:	10/13/2014	Date of Injury:	03/19/2008
Decision Date:	12/02/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine & Rehabilitation 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 53-year-old female who reported an injury on 03/19/2008. The mechanism of injury was a fall. The diagnoses include reflex sympathetic dystrophy (RSD), lower limb; knee pain. The previous treatments included medication, physical therapy, aquatherapy, and epidural steroid injections. Diagnostic testing included an electromyogram (EMG), and an MRI. Within the clinical note dated 09/16/2014, it was reported the injured worker complained of right knee pain. He rated his pain 8/10 in severity with medication, and 10/10 in severity without medication. The medication regimen included Neurontin, Lidoderm, Flexeril, Tramadol, Acetaminophen, and Proxiphen. Upon the physical examination, the provider noted the range of motion of the shoulder was restricted with flexion at 80 degrees, and abduction to 80 degrees. The injured worker had a positive Hopkins test. The range of motion of the knee was restricted with no pain. There was tenderness to palpation of the right knee noted over the lateral joint line and medial joint line. The provider requested Flexeril for muscle spasms. However, the Request for Authorization was not submitted for clinical review

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: 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 Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Flexeril 10 mg #30 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines' recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.