

Case Number:	CM14-0179652		
Date Assigned:	11/04/2014	Date of Injury:	12/17/2013
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of December 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; knee support; and unspecified amounts of physical therapy to date. In a Utilization Review Report dated October 13, 2014, the claims administrator failed to approve a request for Flexeril. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant reported ongoing complaints of knee pain status post earlier meniscectomy surgery. The applicant was given diagnosis of residual knee pain status post partial medial and lateral meniscectomy and loose body removal with residual knee arthritis. A prescription for Norco was endorsed at this point. On July 17, 2014, the applicant was given a knee corticosteroid injection. Flexeril was endorsed on an October 13, 2014 RFA form, the claims administrator noted in its Utilization Review Report. In a September 2, 2014 progress note, the applicant again reported ongoing complaints of knee pain. Viscosupplementation injection therapy was endorsed. The October 13, 2014 RFA form in which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg 1 po qhs #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 Cyclobenzaprine, Epidural Steroid Injections Page(s): 41, 46.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Flexeril) to other agents is not recommended. Here, the applicant is, in fact, concurrently using Norco. Adding Cyclobenzaprine to the mix is not recommended. While it is acknowledged that the October 13, 2014 RFA form in which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request for Flexeril is not medically necessary.