

Case Number:	CM14-0025873		
Date Assigned:	06/13/2014	Date of Injury:	06/20/2008
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 Illinois. 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 58 year old female who reported an injury on 06/20/2008 due to a fall. On 01/15/2014 she reported pain relief with ketoprofen cream. A physical examination revealed bilateral tenderness and spasms of the cervical trapezius muscle and L3-5 paraspinal muscles, decreased range of motion to the cervical and lumbar spine, a 5 plus motor examination in the upper extremities, and decreased sensory to pin prick along the left anterior thigh. The requesting physician stated she had an MRI performed however the results were not provided. Diagnoses included bilateral hips degeneration, right shoulder rotator cuff tear, bilateral shoulder impingement, bilateral knee degeneration, right knee tibial plateau fracture, cervical and lumbar sprain and bilateral upper extremity sprains. Her medications included Flexeril 7.5 mg 1-2 tabs four times a day, Neurontin 600mg three times a day, ketoprofen cream 20 percent 120 mg twice a day, and Norco 10/325 three times a day. The treatment plan was for Flexeril 7.5mg #60. The request for authorization was signed on 01/15/2014. The rationale was not provided within the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Cyclobenzaprine (Flexeril).

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

Decision rationale: The request for Flexeril 7.5mg #60 is not medically necessary. The injured worker was noted to have been taking Flexeril for neck and back sprains and muscle spasms due to her injury in 2008. Per California MTUS Guidelines, Flexeril is recommended as an option, using a short course of therapy. Treatment should be brief, and the addition of Flexeril to other agents is not recommended. There was no documentation of how long the injured worker had been taking Flexeril. Also, she was noted to have been taking Norco and Neurontin, this does not follow the recommendation for not mixing with other agents. In addition, the frequency of the medication was not provided within the request. The documentation provided lacks the necessary information needed to warrant the use of Flexeril. As such, the request is not medically necessary.