

Case Number:	CM14-0029864		
Date Assigned:	06/20/2014	Date of Injury:	04/11/2005
Decision Date:	07/29/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55 year old male who reported an injury on 04/11/2005 due to a fall. The injured worker complained of low back pain and left knee pain. The injured worker rated his pain at a 3/10 and stated that it would get as high as a 5/10, coming down to 1/10 with pain medication. He also stated that it takes about 60 minutes to take effect and lasts about 4 to 5 hours at a time. He did not have any negative side effects. Physical examination of the left knee revealed, that there was hardly any tenderness to palpation. Strength was pretty good. No evidence of objective findings of range of motion on injured worker. No documentation of fictional deficits to low back and left knee. The injured worker has diagnoses of low back pain with radiating symptoms to right posterior leg, into right groin/right testicle, degenerative changes of the right hip, spur formation at the superior acetabulum on the right side, neuroforaminal narrowing at the L4-L5 bilaterally, left knee pain and left ankle pain. The injured workers past treatments have been the use of a TENS unit, gym 3 times a week and medications. The injured workers medications include Norco 5/325 mg 1 tablet a day PRN, Flexeril 10mg 1 to 2 tablets a day PRN and Restoril 30mg 1 tablet before bed PRN. The treatment plan is for Flexeril 10mg #180, Dispensed 02/07/2014. The rationale for request was not submitted for review. The request for authorization was submitted on 02/27/2014 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #180, Dispensed 02/07/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain), Cyclobenzaprine Page(s): 64-66.

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

Decision rationale: The request for Flexeril 10mg #180, Dispensed 02/07/2014 is not medically necessary. The injured worker complained of low back pain and left knee pain. The injured worker rated his pain at a 3/10 and stated that it would get as high as a 5/10, coming down to 1/10 with pain medication. The California Medical Treatment Utilization Schedule (MTUS) guidelines only recommend Flexeril as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. Evidence in progress notes showed the usage of Flexeril for several months, exceeding the recommendations of MTUS. As evidence by, the request for Flexeril 10mg #180, dispensed 02/07/2014 is not medically necessary.