

Case Number:	CM14-0043696		
Date Assigned:	07/02/2014	Date of Injury:	03/10/2008
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/10/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 44-year-old male who was reportedly injured on 3/10/2008. The mechanism of injury was not listed. The most recent progress note dated 3/11/2014 indicates that there were ongoing complaints of left knee pain. Physical examination of the left knee demonstrated tenderness to the medial & lateral joint lines, minimal laxity with varus/valgus stress and extension 0 with pain, flexion 120 with pain and difficulty bearing weight on the left leg with ambulation. No recent diagnostic imaging studies were available for review. Previous treatment included arthroscopic knee surgery on 9/30/2008, injections, knee brace, home exercises and medications to include Norco, Flexeril, Nortriptyline and Opana ER. A request was made for Flexeril 10 mg #90 with #3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 41, 64 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured workers' date of injury in 2008 and current clinical presentation, the guidelines do not support this request for Flexeril. As such, Flexeril 10mg #90 with 3 refills is not medically necessary.