

Case Number:	CM14-0046703		
Date Assigned:	07/02/2014	Date of Injury:	08/19/2003
Decision Date:	08/08/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/14/2014

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 chronic bilateral knee pain reportedly associated with an industrial injury of August 19, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; opioid therapy; knee viscosupplementation injections; and prior knee surgery. In utilization review report dated March 14, 2014, the claims administrator denied a request for Flexeril (cyclobenzaprine). The applicant's attorney subsequently appealed. In a medical-legal evaluation of March 5, 2010, it was suggested that the applicant was, in fact, working as a security guard as of this point in time. The applicant did have comorbid diabetes, hypertension, and dyslipidemia in addition to chronic knee pain complaints. The applicant was using Motrin, Norco, and metformin, among other medications, at this point. In a subsequent progress note of March 10, 2014, the applicant was described as "not working" and had reportedly been discharged by his former employer in 2013. The applicant was receiving unemployment consultation benefits, it was acknowledged. The applicant was also using a knee brace and a TENS unit, it was acknowledged. The applicant was having some elements of depression. The applicant received prescription for Vicodin, Naprosyn, Prilosec, and Flexeril. It was stated that the applicant could consider viscosupplementation injections as necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Flexeril 10 mg #60: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Vicodin and Naprosyn. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.