

Case Number:	CM14-0067223		
Date Assigned:	07/02/2014	Date of Injury:	10/20/2008
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
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 California and Washington. 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 61-year-old female who reported an injury on 10/20/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 02/20/2014 indicated a diagnosis of internal derangement of the knee on the right, ankle sprain with grade 2 to grade 3 of the anterior talofibular ligament on the right, and associated gait abnormality. The injured worker had developed lumbosacral sprain, nonspecific left buttock iliac crest involvement with no radiculopathy. The injured worker reported her pain was constant and ranged from 5/10 to 10/10. She reported Ultram helped to decrease her pain. The pain was worse in the back of the right knee. The injured worker admitted to spasms and Flexeril helped to decrease intensity and frequency of the spasms. The injured worker admitted to numbness and tingling and she reported the condition worsened in the morning in the bilateral feet. The injured worker reported that pain increased when sitting longer than a few minutes and standing and walking longer than 5 minutes. The injured worker ambulated with a cane and had frequently adjusted her position when she was sitting to relieve low back pain. The injured worker reported pain affected her sleep by waking her up at night and admitted to feeling depressed due to chronic pain and insomnia. The injured worker preferred to use hot modalities for pain and had difficulty doing chores and standing for chores. On physical examination of the lumbar spine, range of motion was decreased due to pain and stiffness. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Ultram, Flexeril and Prilosec. The provider submitted a request for authorization dated 02/21/2014 which was submitted for Flexeril. However a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg for muscle spasms #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Flexeril is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The injured worker has been utilizing Flexeril since at least 10/07/2013. This exceeds the guidelines' recommendations on short course of therapy. In addition, Flexeril is not to be used chronically. Moreover, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary and appropriate.