

Case Number:	CM14-0076473		
Date Assigned:	07/18/2014	Date of Injury:	10/12/2011
Decision Date:	08/28/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 58-year-old male was reportedly injured on October 12, 2011. The mechanism of injury was a fall off a ladder. The most recent progress note dated April 10, 2014, indicated that there were ongoing complaints of low back pain, left knee pain, and right shoulder pain. The physical examination demonstrated tenderness of the lumbar paraspinal muscles with guarding. There were palpable muscle spasms present. An examination of the right shoulder noted tenderness at the acromioclavicular joint and a negative Neer's test and Hawkins test. There was a full range of motion of the right shoulder. An examination of the left knee noted mild swelling and crepitus with motion. There was a positive McMurray's test and an antalgic gait. A diagnostic imaging studies noted multilevel spondylosis and marked facet joint disease. There was a left sided disc extrusion at L4-L5. An x-ray of the left knee noted evidence of moderate degenerative changes with severe degeneration of the patellofemoral compartment. A previous treatment included epidural steroid injections and home exercise. A request was made for Flexeril and was not medically necessary in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, QTY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Cyclobenzaprine.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants such as Flexeril for the short-term treatment of pain but advises against long-term use. The injured employee has had symptoms for over 2-1/2 years. Muscle spasms were noted on physical examination and this prescription is only for 30 tablets. Considering this, the request for Flexeril is medically necessary.