

Case Number:	CM14-0087601		
Date Assigned:	07/25/2014	Date of Injury:	02/16/2011
Decision Date:	12/03/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 48 year old male who was injured on 2/16/2011. The diagnoses are chronic right knee Chondromalacia and knee pain. There are associated diagnoses of insomnia, morbid obesity and sleep apnea syndrome. The past surgery history is significant for right knee arthroscopies. The patient uses a cane to ambulate. The provider noted that the pain score was rated at 7- 8/10 on a scale of 0 to 10. The medications are Norco and topical Terocin for pain and Flexeril for muscle spasm. On 4/16/2014, the treating psychologist noted that the patient was physically active, doing exercise at [REDACTED] and at home. The patient also does house hold chores and drives children to school. The patient is utilizing Pristiq and gabapentin from the psychologist. A Utilization Review determination was rendered on 5/13/2014 recommending non certification for Flexeril 7.5mg #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of muscle spasm associated with exacerbation of musculoskeletal pain that did not respond to treatment with standard non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy (PT). The chronic use of muscle relaxants with opioids and other sedatives is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction other medications. The records indicate that the patient has co-existing history of morbid obesity and obstructive sleep apnea which will further increase the risk of sedative medications adverse effects. There is no documentation of palpable muscle spasm associated with the knee injury. The patient is physically active without documentation of limitation from muscle spasm. The criteria for the use of Flexeril 7.5mg #60 are not met.