

Case Number:	CM14-0091254		
Date Assigned:	07/25/2014	Date of Injury:	09/24/2012
Decision Date:	11/24/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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. 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 53-year-old male who sustained an injury on September 24, 2012. He is diagnosed with (a) status post left knee arthroscopy with partial meniscectomy and (b) lumbar spine strain. He was seen for an evaluation on October 1, 2013. An examination of the left knee revealed clean and dry incisions with no evidence of erythema, drainage, or infection. An examination of the lumbar spine revealed tenderness over the paralumbar region. Range of motion was restricted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

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

Decision rationale: The request for Flexeril 10 mg #60 is not medically necessary at this time. It has been determined from the medical records that the injured worker has been taking cyclobenzaprine since February 2014. This medication is recommended only as an option for a

short course of therapy. Continued use of Flexeril 10 mg #60 is not in accordance with the guidelines.