

Case Number:	CM14-0097975		
Date Assigned:	07/28/2014	Date of Injury:	10/14/2008
Decision Date:	09/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Pain Medicine, and is licensed to practice in 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 injured worker is a 51-year-old male with a reported injury on 10/14/2008. The mechanism of injury occurred while the injured worker was using a jackhammer when the blade got stuck and broke and the jackhammer hit his left great toe and lacerated and smashed the great toe. The injured worker's diagnoses included left hip pain, plantar fascial fibromatosis, reflex sympathetic dystrophy of the lower limb, toe pain, crushing injury of toe, and chronic pain syndrome. The previous treatments included medications, ice, exercises, massage, physical therapy, chiropractic therapy, the use of a brace, and cortisone injections. The injured worker had an examination on 06/30/2014 with a reevaluation regarding his left hip, leg, and foot pain. He continued to complain of severe left hip pain. He reported pain rated 6/10 without medications and pain rated 4/10 with medications. He described his pain as constant, aching, and stabbing in quality with walking, and he continued to complain of left foot numbness. He reported that he was getting some relief with some of his medications. His medication list consisted of hydrocodone, Flexeril, Anaprox, Prilosec, Terocin lotion, Ambien, and Ultram. The recommended plan of treatment included recommendations for the injured worker to continue his medications for pain management. The physician recommended Flexeril as needed for muscle spasms. The Request for Authorization was signed and dated on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend Flexeril for a short course of therapy. There is limited mixed evidence that does not allow for recommendation for chronic use of pain. This medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been prescribed this medication since at least 01/13/2014. The continued use of this medication would exceed the guideline recommendation for short term treatment. The efficacy of this medication was not provided. Furthermore, there was no evidence of muscle spasms upon physical examination. There is a lack of evidence to support the number of 90 pills without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request of the Flexeril 10 mg 3 times a day with 90 pills. Therefore, the request for the Flexeril is not medically necessary.