

Case Number:	CM14-0126519		
Date Assigned:	08/13/2014	Date of Injury:	04/26/2012
Decision Date:	02/25/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 42-year-old woman with a date of injury of April 26, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical sprain/strain; thoracic strain/sprain; bilateral lateral epicondylitis; and cubital, carpal tunnel syndrome. The remainder of the diagnoses are illegible. Pursuant to the handwritten, largely illegible, progress note dated July 8, 2014; the subjective documentation is completely illegible. The objective documentation is completely illegible. Current medications are Flexeril and Anaprox. The IW has been taking Flexeril since March 31, 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of Flexeril. It is unclear if the IW had muscle spasms due to the illegible record. The current request is for Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, One 2x a day as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg one twice a day as needed #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the documentation is largely illegible. The diagnoses include cervical and thoracic strain/sprain; bilateral lateral epicondylitis; cubital trauma syndrome and carpal tunnel syndrome. The remainder of the diagnoses, subjective and objective findings are illegible in a July 8, 2014 progress note. The earliest progress note medical record is March 31, 2014. Flexeril appears in this progress note as a refill. The documentation is unclear as to the exact start date. The documentation does not contain evidence of objective functional improvement. The treating physician exceeded the recommended guidelines of less than two weeks treatment duration. Consequently, absent clinical documentation to support the ongoing use of Flexeril, exceeding the recommended guidelines without evidence of objective functional improvement, Flexeril 10mg one tablet twice a day as needed #60 is not medically necessary.