

Case Number:	CM14-0195643		
Date Assigned:	12/03/2014	Date of Injury:	12/12/2009
Decision Date:	01/23/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Management, and is licensed to practice in Tennessee. 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:

This is a 37-year-old male with a 12/12/09 date of injury. The injury occurred when he was working for the railways and was hit by a crane, causing him to get caught up in chains. According to a progress report dated 10/31/14, the patient complained of right ankle pain that radiated into his foot, low back pain and tailbone pain, right lower extremity pain, and bilateral shoulder pain. He rated his pain as a 7/10 without medication and 3/10 with pain medications. Objective findings: moderate spasm in the paraspinal muscles on the right, full lumbosacral spine range of motion, decreased range of motion of bilateral ankles, tenderness to palpation over the medial aspect of the right ankle as well as over the Achilles tendon, slightly decreased range of motion of both shoulders, strength is 5/5 in upper and lower extremities, sensation intact and equal in upper extremities. Diagnostic impression: chronic pain syndrome, right ankle pain, status post right ankle fracture, low back pain, possible lumbar discogenic pain, possible lumbar radiculitis, numbness, bilateral shoulder pain, history of fractured ribs, headaches. Treatment to date: medication management, activity modification, injections, physical therapy. A UR decision dated 11/7/14 denied the request for Flexeril. There is no documentation of an acute exacerbation of the patient's chronic low back symptoms. Also, there is no additional benefit shown in combination with NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use and addition of cyclobenzaprine to other agents is not recommended. However, the medical records submitted for review do not indicate how long this patient has been taking Flexeril. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Flexeril 7.5mg Qty 60 was not medically necessary.