

Case Number:	CM14-0199019		
Date Assigned:	12/09/2014	Date of Injury:	02/18/2009
Decision Date:	01/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of February 18, 2009. A utilization review determination dated November 24, 2014 recommends noncertification of Flexeril and certification of Tramadol ER and Nalfon. A progress report dated September 5, 2014 identified subjective complaints of knee pain, low back pain, left elbow pain, and right hip pain which is not been approved for coverage. The patient is able to stand and walk for 1 hour and has limitations getting up from a chair, with squatting, kneeling, and stairs. Objective examination findings revealed tenderness around the elbow with weak grip and tenderness over the anterior portal for ACL. Diagnoses include internal derangement of the knee on the right, internal derangement of the knee on the left, discogenic lumbar condition, epicondylitis on the left, and chronic pain syndrome. The treatment plan recommends Nalfon, tramadol ER, Flexeril, tens pads, lab tests, physiatry consultation, and multiple braces. The note goes on to quote California MTUS guidelines recommending only a brief course of cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg per 10/10/14 QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.