

Case Number:	CM14-0200599		
Date Assigned:	12/10/2014	Date of Injury:	02/01/2014
Decision Date:	01/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47 year old female with a work related injury dated 02/01/2014 after tripping on carpet while doing housekeeping. According to a primary physician's progress report dated 11/11/2014, the injured worker presented with complaints of right ankle pain. Diagnoses included chronic ankle pain, high ankle sprain with high grade partial thickness tear of fibular attachment of anterior syndesmotoc ligament, and surgical repair on 10/07/2014. Treatments have consisted of use of an ankle brace, injections, surgery on 10/07/2014, and medications and had not yet started physical therapy. According to a new patient consultation dated 09/19/2014, diagnostic testing included an MRI which showed a high grade partial thickness tear of the fibular attachment of the anterior syndesmotoc ligament as well as some loose bodies. Work status is noted as total temporary disability. On 11/18/2014, Utilization Review non-certified the request for Flexeril 7.5mg 1 po (by mouth) Q12 prn (as needed) muscle pain/spasm #60 citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated this medication is not recommended to be used for longer than 2-3 weeks. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg 1 PO Q12 PRN muscle pain/spasm #60: Upheld

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

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

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore the request for authorization Flexeril 7.5mg #60 is not medically necessary.