

Case Number:	CM14-0208623		
Date Assigned:	12/22/2014	Date of Injury:	04/28/2010
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab 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:

The patient is a 32 year old male with date of injury 04/29/10 when the patient was knocked over by an asphalt grinder and the steel tracks caught his left foot and rolled on top of him. The treating physician report dated 09/25/14 (38) indicates that the patient presents with pain affecting his cervical spine, lumbar spine with occasional numbness and tingling, bilateral shoulders, pelvis, bilateral legs/knees, and bilateral feet. The physical examination findings reveal that the patient walks with a cane or uses a wheelchair, left shoulder was tender to palpation, Neer's & Anterior Apprehension tests were positive on the left side, lumbar spine had tenderness to palpation, with limited range of motion and positive straight leg test, the right hip was tender to palpation, full range of motion but with pain, and positive Patrick's test on both sides, and the ankle/feet/toes were all tender on the left side. Prior treatment history includes two month stay in the hospital with at least two surgeries per week, skin grafts, muscle transplants, postoperative therapy, physical therapy, and medications. X-ray findings from 08/2014 reveal slight narrowing of the L5-S1 interspace and 5 mm acromioclavicular joint space in the left shoulder. The current diagnoses are: 1. Shoulder Sprain/Strain 2. Possible Intervertebral Disc Displacement, Lumbar Spine 3. Musculoligamentous Sprain, Lumbar Spine 4. Status Post Multiple Trauma The utilization review report dated 11/26/14 denied the request for Flexeril 10mg #15 based on medical necessity not being established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Muscle relaxants.

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

Decision rationale: The patient presents with pain affecting his cervical spine, lumbar spine with occasional numbness and tingling, bilateral shoulders, pelvis, bilateral legs/knees, and bilateral feet. The current request is for Flexeril 10mg #15. The treating physician states, "Continuation of Flexeril for relief of muscle spasms." The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has been prescribing this medication to the patient since August 2014 (60). MTUS guidelines do not recommend this medication for long term usage. The request is not medically necessary.