

Case Number:	CM14-0210357		
Date Assigned:	12/23/2014	Date of Injury:	09/01/2012
Decision Date:	04/03/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 51-year-old female who reported an injury on 09/01/2012. She had initially reported pain in her left knee with an MRI from 02/27/2014 identifying tears of the medial and lateral menisci whereupon the injured worker had been indicated for arthroscopic surgery. It was noted in the clinical notes that the injured worker had been utilizing Norco and had additional pain in her heel. She had been provided Flexeril 5 mg which had been denied for renewal on a previous request dated 11/10/2014. It was indicated that weaning was recommended. As of 08/29/2014, she had been diagnosed with a left ankle sprain/strain and left tenosynovitis of her knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Flexeril 5mg #90: Upheld

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

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

Decision rationale: Under the California MTUS Guidelines, Flexeril is utilized for short course for treatment of spasticity. However, the injured worker does not have any recent clinical documentation on file indicating that she necessitates the continued use of Flexeril. Her most current clinical note with physical examination was dated 08/2014 and did not specify any areas affected by spasticity to necessitate ongoing use of cyclobenzaprine. Therefore, the medical necessity has not been established.