

Case Number:	CM15-0004238		
Date Assigned:	01/15/2015	Date of Injury:	12/04/2012
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury on 12/04/2012. He sustained injuries to his knees and both elbows. Diagnosis is bilateral knee degenerative joint disease. Treatment to date has included medications; she walks for exercise, and uses orthotics. A physician notes a dated 11/25/2014 document the injured worker complains of her pain level is 7 out of 10 and the quality of the pain is sharp. It is made better by medication and rest, and is worse going up stairs. Left knee range of motion is 0-125 degrees, positive medial joint line tenderness, and trace effusion. Right knee range of motion is 1-125 degrees, trace effusion and positive medial joint line tenderness. The treating provider is requesting Flexeril 10mg, # 50, and Flector Patches # 3 boxes. On 12/10/2014, Utilization Review non-certified the request for Flexeril 10mg, # 50 citing California Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines. The Utilization Review non-certified the request for Flector Patches # 3 boxes, citing California Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. Its use for knee pain lacks scientific evidence. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. In addition, there is no mention of muscle spasms in the recent notes. The addition of Cyclobenzaprine to other agents is not recommended. The claimant was given more than a week supply of Flexeril. Long-term use is not recommended and is not medically necessary.

Flector patches #3 boxes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis of the knee, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for the past several months. There is limited evidence to support long-term use of Flector. Although the claimant has degenerative changes in the knee, she had used Flector beyond the time recommended by the guidelines. The Flector patch is not medically necessary.