

Case Number:	CM15-0005169		
Date Assigned:	01/16/2015	Date of Injury:	04/13/2010
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/09/2015

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female, who sustained an industrial injury on April 13, 2010. The diagnoses have included internal derangement of the right knee, lumbar condition with radicular component, chronic pain depression. Treatment to date has included Magnetic resonance imaging lumbar spine, electromyogram bilateral upper extremities, Magnetic resonance imaging of right knee, physical therapy, knee surgery in April 2007 and November 2007, lumbar fusion L3 to S1 in 2007, total knee replacement September 14, 2014, Hyalgan injection and cortisone injections in 2012. In the providers note dated December 18, 2014 it states the physical therapist suggested manipulation due to the right knee being very tight at eighty-five degrees and the injured worker is not able to walk for a block and requires narcotics for pain. On December 19, 2014, the injured worker submitted an application for IMR for review of Complete Blood Count, Comprehensive Metabolic Panel, Emergency manipulation under anesthesia right knee, Motrin 800mg quantity 90, Percocet 10mg tablets quantity 90 and Flexeril 7.5mg quantity 60. On December 24, 2014 Utilization Review non-certified a Flexeril 7.5mg quantity 60, noting, Medical Treatment Utilization Schedule Guidelines, Official Disability Guidelines and American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

Decision rationale: Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the IW is already taking Motrin. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. There is no report of improvement of symptoms or decrease in spasm with continued use of flexeril. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.