

Case Number:	CM15-0008345		
Date Assigned:	01/23/2015	Date of Injury:	07/06/2010
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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

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 58 year old female, who sustained a work/ industrial injury on 7/6/10. She has reported symptoms of chronic low back pain and bilateral knee pain along with depression and anxiety due to chronic pain. Diagnostics included Magnetic Resonance Imaging (MRI) of lumbar spine that showed multilevel degenerative disc disease with mild foraminal stenosis most prominently at L4-L5. MR I of the right knee noted post surgical change verses degeneration of the medial meniscus, marked attenuation of the anterior horn of the lateral meniscus, intrasubstance tear noted in the posterior horn of the lateral meniscus, osteoarthritis with narrowing of the medial and lateral and patellofemoral compartments, chondromalacia patella and chondromalacia involving the femoral cartilage in the medial compartment, partial tear/chronic tendinosis of the anterior cruciate ligament, mild marrow edema in the proximal tibia, likely related to degenerative changes. Other treatments included x-rays, orthopedic consultation. Medications included Lexapro, Norco, Ultracet, and Flexaril. A front wheeled walker was used for ambulation with note of bilateral crepitus to both knees and having paraspinal tenderness. On 12/16/14, Utilization Review non-certified Flexeril 10 mg #60 with 1 refill QTY:120, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexiril 10mg QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic low back and knee pain. Flexiril is classified as a muscle relaxer which may be medically indicated for the short term treatment of low back pain. Longer term use exposes the patient to side effects without adding benefit. This patient has been taking this medication for more than 4 months. Ongoing use of Flexiril is not medically indicated.