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| Case Number: | CM15-0145569 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 09/25/2013 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/16/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: 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 48 year old female with an industrial injury dated 09-25-2013. The injured worker's diagnoses include lumbar spine sprain and strain, spinal stenosis and radiculopathy; left knee sprain and strain and osteoarthritis; right knee sprain and strain, severe osteoarthritis; left ankle sprain and strain; left plantar fasciitis and metatarsalgia. Some documents within the submitted medical records are difficult to decipher. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-07-2015, the injured worker reported left ankle pain rated a 6/10 and knee pain rated 5 out of 10. Documentation noted no change in functional status since last exam. Objective findings revealed antalgic gait with stiffness and tenderness in the medial joint line, lateral joint line, Achilles and anterior of the left ankle. The treating physician prescribed Flexeril 7.5mg #60 with 1 refill, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2013 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 7.5mg #60 with 1 refill is not medically necessary and appropriate.