

Case Number:	CM15-0161175		
Date Assigned:	08/28/2015	Date of Injury:	12/30/2000
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 62 year old female who sustained an industrial injury on 12-30-2000. According to a progress report dated 07-30-2015, the injured worker was seen in follow up for knee pain that was rated 4 on a scale of 1-10. She also reported lumbar back pain and right and left leg pain. She experienced stiffness and radicular pain in the right and left leg. Back pain was rated 3. Her condition existed for an extended amount of time. The injured worker had noted substantial benefit of medications. She had nociceptive, neuropathic and inflammatory pain. She demonstrated no aberrant behavior. A urine drug screen on 04-07-2015 was within normal limits. Her medication regimen included Xanax, Omeprazole, Norco, Lotrel, Ibuprofen Flexeril and Adderall. Diagnoses included lumbar discopathy and knee internal derangement. The provider noted that medication provided about 70% improvement of pain. The treatment plan included Flexeril one by mouth twice a day, Ibuprofen, Norco, Oxycontin and Omeprazole. She was to return to the clinic in 1 month. The injury was permanent and stationary. Currently under review is the request for Flexeril 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS Guidelines do not support the long term daily use of muscle relaxants. In particular, the Guidelines state that the use of Flexeril should be limited to 3 weeks of daily use. If there are significant benefits short term use for distinct flare-up is supported in the Guidelines, but that is not how it is being utilized. There are no unusual circumstances to justify an exception to Guidelines. The Flexeril 10mg, QTY: 1 on a chronic daily basis is not supported by Guidelines, it is not medically necessary.