

Case Number:	CM15-0165551		
Date Assigned:	09/03/2015	Date of Injury:	03/06/2013
Decision Date:	10/06/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/24/2015

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 52 year old male, who sustained an industrial injury on 3-6-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral hip strain, lumbar radiculopathy, cervical strain with left sided radiculitis and radiculopathy, bilateral wrist tendinitis, bilateral elbow tendinitis, bilateral shoulder impingement, thoracic strain, left knee pain and left thigh pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-2-2015, the injured worker complains of ongoing left knee discomfort and pain, bilateral hip pain, bilateral shoulder pain, bilateral elbow and forearm pain, low back pain, neck pain and upper back pain. Physical examination showed paralumbar and thoracic tenderness, left shoulder tenderness and muscle spasm, bilateral hip tenderness, bilateral elbow-wrist and hand tenderness and left knee tenderness. The treating physician is requesting Flexeril 10 mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines: Cyclobenzaprine (Flexeril).

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 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Flexeril 10 mg Qty 15 is not medically necessary and appropriate.